



No.
DATE: 356
DATE: 23-02-2021

إستراتيجية
Moving Forward
with Confidence



الرقم:
التاريخ:
الموافق:

NCT Clinic
Referral Form

Staff Details			
Staff Name	Mohammed Huwailshai Ali Al-shueili	Staff ID	419064
Department	Educational Technologies Centre / Staff	Gender	Male

Observation Details			
Morbid Case	Orthopedic	Admit Time	08:00
Diagnosis	BACKACHE	Discharge Time	08:00
Hospital/Clinic	NIZWA POLY CLINIC / Orthopedic		
Clinic Notes	persistent backache		

For Clarification Please Call NCT Clinic Direct Line (25446581)

Signature and Stamp



Checkup Details (For Doctors Use Only)

Date: 24/2/2021

This is to certify that above named person was examined by me and found suffer from:

pt come clo sever back pain for about 3 days
xray done with Inf analgesics, rdx to physiotherapy
and sick leave for 2 days with medications

[] Appointment [] Review

Leave Granted for (25/2) day(s) form 25/2/2021 to 26/2/2021

Dr. Lamees Mohamed
Medical Officer

Dr. Signature/Stamp

Dr. Lamees

Printed By: Fatma Al-Rashdi



Time

Current Semester: 2020-2021 (Semester 1)



Leave Certificate

Date : 25-FEB-21
Name of Patient : Mohammed Huwaishal Ali Al Shuely
Age : 39 Year(s) Sex : Male
Patient Id. : 553604
Department : GENERAL PRACTICE
Unit : General Practice

This is to Certify that MOHAMMED HUWAISHAL ALI AL SHUELY(#553604 - MANNEGER - university) was examined / treated by me/my department and found to suffer from Low back pain
He attended the clinic as an Out Patient on 24/02/2021.

He is authorised to get the sick leave from 25/02/2021 to 26/02/2021 for 2 Days.

To be countersigned by medical office in-charge or his deputy or the concerned consultant, if leave exceeds 3 days.

HOSPITAL STAMP



Lamees Mohamed fathelrahman

Signature and Rubber Stamp of Doctor

Dr. Lamees Mohamed
Medical Officer

* This certificate is not valid without the HOSPITAL STAMP.