



Date : 22-NOV-21  
Name of Patient : Mohammed Sulaiman Mohammed Ambusaidi  
Age : 27 Year(s) Sex : Male  
Patient Id. : 151393  
Department : GENERAL PRACTICE  
Unit : General Practice

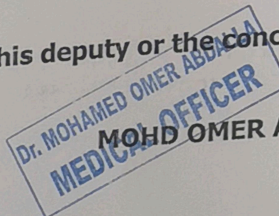
This is to Certify that MOHAMMED SULAIMAN MOHAMMED AMBUSAIID I(#151393 - --- - PRIVATE)  
was examined / treated by me/my department and found to suffer from  
Medical care, unspecified  
He attended the clinic as an Out Patient on 22/11/2021.

He is authorised to get the sick leave on 22/11/2021.

PEUTZ GAGHER SYNDROME ,MALENA

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

HOSPITAL STAMP



Signature and Rubber Stamp of Doctor

\* This certificate is not valid without the HOSPITAL STAMP.