



Fortis Health Care.

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MEDICAL CERTIFICATE

Name	: . Mimansa De
Age/Sex	: . 21/Male
Date	: . 02/06/2024
Reg. No.	: . 7622945

I, hereby certify that.

- That the patient was admitted in the hospital on my advice;
- That the patient has been under treatment in the Fortis Escorts Health

Care and that the

Under mentioned medicines are prescribed by me in the connection were essential for the

Recovery/prevention of the serious deterioration in the condition of the patient;

Name of medicines

- Chloramphenicol(Chloromycetin)
- Amoxicillin (Trimox, Anoxia, Biomox)
- Ciprofloxacin (Cipro)

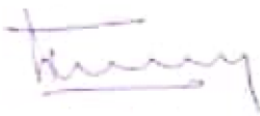
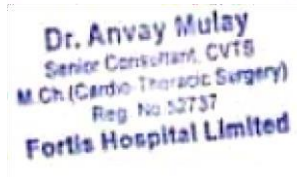
c) That the injections administered were / were not for immunizing or prophylactic

Purposes;

d) That the patient is / was suffering from Typhoid and is / was under treatment

From 02 / 06 / 2024 to 09 / 06 / 2024

Kindly correlate clinically

**Dr. Anvay Mulay
Senior Consultant-CVTS
FORTIS HOSPITAL LIMITED**



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