

Fortis Health Care.

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EMail-tactus.escorts@fortishealthcare.com

MEDICAL CERTIFICATE

 Name
 :. Kush Dhir

 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)

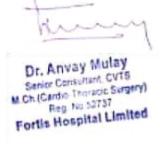
c) That the injections administered were / were not for immunizing or prophylactic

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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