



Dr Dhananjay J Singh

MS, MD, PGDEMS

CONSULTING GENERAL SURGEON & PHYSICIAN

Date : / /

MEDICAL CERTIFICATE

To Whomsoever It May Concern

This is to Certify that

Mr/Mrs/Mast/MissM/F age.....Years.

taking treatment for

under my observation at Arogya Healthcare Center. He / She has

taken treatment fromto

He / She is advised to take rest during and after treatment for.....days.

He / She is presently hemodynamically stable. He / She can considered

to be medically fit to resume his/her school/office from

Dr Dhananjay J Singh

Note :

1. Please bring this paper on every visit.
2. This prescription cannot be used for medico-legal purposes.
3. Don't substitute any medicine without consultation.
4. Please confirm medicines with the doctor before use.