AYURVED Lifestyle

No.:

Date:

DR. SHILPA V. THORAT

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Takle This is to certify that Mr. / Mfs. / Miss Milind No1. 40 24 He / she is / was suffering from $_{\cdot\cdot}$ I have received Rs. 1400

for the given treatment and medication.

Dr. Shilpa V. Thorat