

CERTIFICATE

This is to certify that

Mr/Mrs-----

Is under my treatment from-----

He / She is suffering form-----

He / She was admitted to this Hospital from ----- to -----

As an **EMERGENCY CASE**

Drugs prescribed to during his / her hospitalization on period wef

to ----- do not contain food, alcohol, tonic & Blood supplements

The equipment & IV sets , Medicines used exclusively for him

only . They were not reused.

**Place-
Date-**

**Signature of Medical Officer
Hospital Stamp**