संजय गाँधी स्नातकोत्तर आयुर्विज्ञान संस्थान, लखनऊ

SANJAY GANDHI POST GRADUATE INSTITUTE OF MEDICAL SCIENCES, LUCKNOW

MEDICAL CERTIFICATE

This is to certify that Mr./Mrs./Ms. Monica Thakur
S/o./W/o./Do. Sri..... O.P.D No. 2023/09/9757
suffering from Bronchial asthma (Severe) & Hypothyroidism

He/She was

1. Seen in our. Pulm. med O.P.D. on 15/12/23 and is/ was advised ~~admission for treatment~~ for regular treatment and followup. days
2. Admitted in our.....ward/between .....to.....and is/was recommended rest/readmission for treatment for.....days.
3. Seen in our.....O.P.D. on.....and is considered fit for duties from.....
4. Patient may require short hospitalizations for possible biological therapy for bronchial asthma.

Signature/Thumb impression of the patient

Signature of Doctor
Name
Designation
Department