

ON DOCTORS LETTER HEAD WITH DOCTERS REGISTRATION NUMBER

TO WHOMSOEVER IT MAY CONCERN

DATE : -

THIS IS TO CERTIFY THAT MR/MRS/MS..... IS UNDER MY TREATMENT  
SINCE..... HE/SHE IS SUFFERING FROM THE .....AND THE BELOW  
MEDICINES HAVE BEEN PRISCRIBED BY ME FOR THE ABOVE MENTIONED DIESSES

RX

NAME OF MEDICINE	DOSAGE
1....	
2....	
3...	
4.....	

SEAL AND STAMP