

CGHS MUMBAI

CERTIFICATE FROM THE TREATING SPECIALIST

I Dr. _____ working as _____

In the hospital _____ Here by certify
that

Shri/Smt/Miss/Master _____ Is suffering
from

_____ for the last _____

Years _____ Months.

For his/her treatment the following medicines/drugs/equipment's are
required in the quantity and strength as mentioned below

Name of the Medicine/Drugs/ Equipment's	Strength	Dosage	Quantity	Duration

I hereby certify that the above mentioned drugs/medicines/equipment's are
Essential/ LIFE SAVING to the patient and I recommend the same should be given
to the patient for his wellbeing.

Signature & Seal of the Specialist _____

Date- _____

Designation _____

Name of hospital with Seal _____