



# Somdech Phra Pinklao Hospital

504 somdej Phra Chao Tak Sin Rd. Bukkhalo Thon Buri.

Bangkok 10600, Thailand

Tel 66-2-4600000

## Medical Certificate

Date.....

To whom It may concern,

This is to certify that.....HN.....

age.....was  an out-patient on ( date ).....

an in-patient from ( date ).....to.....

With the diagnosis of.....

Recommendation,.....

.....

Sick leave for.....day(s) from.....to.....

Sincerely yours

.....

(.....)

Physician license No.....