

MEDICAL CERTIFICATE

Health

Certificate No: MC-CASE-00043 | Date: 07/05/2026

Case No	CASE-00043
Patient No	000019
Patient Name	SACHIN LAVESH GOSAVI
Age / Gender	28 Years / Male
Patient Type	General
Fees	5.00
Date of Examination	07/05/2026

This is to certify that the above-named patient was examined by me on 07/05/2026.

Medical Findings / Diagnosis

FEVER TO PATIENT

Prescribed Medication

Sr.	Medicine Name	Schedule	Duration
1	Capsule Vitamin A 100000 IU	1-0-0	3 days

The patient is advised to follow the prescribed treatment and take adequate rest.

Dr. Health Post 1

hp1@gmail.com

Reg. No: 9