

MEDICAL CERTIFICATE

Health

Certificate No: MC-CASE-00001 | Date: 25/02/2026

Case No	CASE-00001
Patient No	000002
Patient Name	test
Age / Gender	25 Years / Male
Patient Type	General
Fees	5.00
Date of Examination	23/02/2026

This is to certify that the above-named patient was examined by me on 25/02/2026.

Medical Findings / Diagnosis

test

Prescribed Medication

Sr.	Medicine Name	Schedule	Duration
1	ACYCLOVIR EYE OINTMENT 3 %	0-0-1	5 days

Recommended Lab Tests

Sr.	Test Name	Category
1	Platelet Count	EDTA
2	Prothrombin Time and INR	CITRATE
3	Glucose (Fasting)	FLUORIDE
4	Serum Creatinine	SERUM
5	Urine Routine & Microscopy	URINE
6	Congenital Adrenal Hyperplasia (CAH)	DRIED BLOOD SPOT

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

Dr. Super Admin

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Reg. No: 1