Done on / / Corresponding to / /	
hospital	
region	
medical report	
Patient's name (quadruple):	
Patient's age:	
Patient's medical record number:	
Nationality:	
Occupation and work destination:	
Date of admission to hospital (both calendars): Corresponding to / /	. / /
Date of discharge from hospital (both calendars). Corresponding to / /	: / /
Diagnosis of the disease condition:	
Recommendation: The above-mentioned patient at least a period of timedays, commof	needs sick leave for nencing from the date
Name of the attending physician:	
	•••
Mobile number:	
The seal of the issuing authority	gnature of the doctor