**Phangnga Hospital**

**436 Phetkasem Rd.Thaichang,Muang,**

**Phangnga. 82000 Tel 076-412032 Fax 076411617**

# MEDICAL CERTIFICATE

Date/Month/Year:……

( ) Mr. ( ) Mrs. ( ) Ms…….

Had been treated as out-patient/in-patient at our hospital within the period of

……. …… …….. ……..

Date of admission Date of discharge

Diagnosis :

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Treatment Recived :

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Home Medication :

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Recommendation :

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Travel Recommendation : Fit to Fly on……..

By ( ) Any class ( ) Business Class ( ) First Class ( ) Stretcher

Singed by attention physician…….

( .M.D.)