## PICHY ANN P. ALAN, M.D.

Internal Medicine - Cardiology
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## MEDICAL CERTIFICATE

	7-20:30
	Date issued: 29. 27
This is to certify that:Math	aya adellan
Age: 40 Sex: E Status	: Occupation:
Address:	
is under my care on 7.19. nor	with the Diagnosis Dn Llnde Stil controlly
and is on treatment with the following medica	tion/s_
Recommendation:	pot to une
Remarks: Luly 30	inn
	PICHY ANN P. ALAN, M.D.
	Attending Physician
	Lic. No. 0108637 PTR:
	S PATIENT RECORD/S
This form is incompetent for court purposes.	
I hereby grant authorization to any person /company ac reference check and inquiries regarding my health status liabilities to which I have voluntarily given.	ting on my behalf to verify information and to perform and hereby release BGH from any accountabilities and
	7.25m.
Patient Printed Name and Signature	Date
<b>-</b>	