



Wiirtuu Ispeeshaalitii Dhibee Keessaa Firaankoo
ፍራንኮ የውስጥ ደዌ እስፔሻሊቲ ማዕከል
Franko Internal Medicine Specialty Center
(09-13-51-17-31 / 09-64-42-87-80; Shashemene, Oromia)

MEDICAL CERTIFICATE

To Whom It May Concern

The undersigned medical officer, Certify that:

Patient: Zelestuz Dherati
Sex F Age 24 Card No. 88

Address: _____ Was admitted on: _____

Attended our OPD on: 20/08/17

Was discharged on: _____ with the diagnosis of: MVA was done

@ post procedure day (1st) days.
Need rest for: 03 days.

This certificate is given on request of the patient to be used according to the health regulations and laws of the Ethiopian government.

Name: Dr. Abera Tesema Chala
S/C No. 1077
Obstetrician and Gynecologist
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Signature: [Signature]

Date: 20/08/17

