



To whom it may concern

Subject : Admission/ Clinic Attendance/ Operation or Procedure Schedule

Re :

This is to certify that the above mentioned patient was admitted/ treated at Columbia Asia Hospital Columbia Asia Cereva from 4/10/21 to 9/10/21 for Cerebral Infection.
Mr/Mrs/Miss Mak Amira Syhadah Binti Hakim patient's mother/father/relative accompanied the patient during the hospital stay.

This is to certify that the above mentioned patient, NRIC No. _____ attended clinic at Columbia Asia Hospital _____ between _____ to _____ on _____ for _____.
The next appointment will be on _____.

This is to certify that Mr/Mrs/Miss _____, NRIC No. _____ of address _____ is scheduled for _____ at Columbia Asia Hospital _____.
Date of Admission : _____
Date of Operation/ Procedure : _____

Thank You

Name & Signature of Doctor :

DR. AMIR RAMLI
MD (USM), MMED (INTERNAL MEDICINE) (USM)
(MMC REGISTRATION NO.: 33828)
(NSR NO.: 127474)
CHIEF OF MEDICAL SERVICES
RESIDENT CONSULTANT PHYSICIAN
COLUMBIA ASIA HOSPITAL - CEREVA

Designation :

Date :