

## Medical Certificate

Name caregiver: Dr. ....

RIZIV-nummer: .....

Adress: Zwaluwstraat 1 - 2275 Gierle (BE)

Name patiënt: .....

Adress: .....

Date of birth: .....

Passport number: .....

Name doctor: Dr. ....

Pharmacy: .....

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Gierle, ..... / ..... / .....

### Subject: Medical Statement

To whom it may concern,

I hereby state that .....

suffers from .....

He/she uses te following prescribed medication to relieve his/her symptoms:

.....  
.....  
.....  
.....  
.....

Sincerely,

Dr. ....

(stempel)