FAMILY MEDICAL PRACTICE VIETNAM

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MEDICAL CERTIFICATE

Fotografía del menor con sello del hospital

Date: **Fecha**

HCMC FAMILY MEDICAL PRACTICE CO.,LTD
Công Ty TNHH Phòng Khám Gia Đình Tp. HCM
34 Le Duan St, Diamond Plaza, Dist 1, HCMC, Vietnam
Tel: (+84) 28 3822 7848 - Fax: (+84) 28 3822 7859

The undersigned Doctor in medicine:
Certifies that she has examined this day

Apellido Paterno, Apellido Materno, Nombre(s)

with date of birth: Día / Mes / Año
Nationality: Mexico

and certifies that this is the same person as shown on the photograph attached.

Dr. Nombre completo del médico
Pediatrician

Firma y nombre del Médico

Dr.
Pediatrics

Stamp of doctor's office

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Sello del Hospital