



GALYA RAJANAGARINDRA INSTITUTE
 DEPARTMENT OF MENTAL HEALTH, MINISTRY OF PUBLIC HEALTH
 23 PHUTTAMONTHON 4 ROAD, THAWIWATTHANA , BANGKOK, 10170, THAILAND
 TEL. (66) 2-4416100

Date.....

I am, a registered physician, holding
license No....., working at Galyarajanagarindra Institute

I have examined.....
Identification card/Passport No.....
and have found that.....

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(..... , MD)
Attending Physician

..... Patient/recipient
(.....)