

## To Whomsoever It May Concern

This letter is to confirm that Mr. /Ms. \_\_\_\_\_  
Roll No \_\_\_\_\_, studying in \_\_\_\_\_  
received outpatient treatment for \_\_\_\_\_ [mention injury/condition].  
The treatment period extended from \_\_\_\_\_ to \_\_\_\_\_. Outpatient Treatment  
amounts to Rs. \_\_\_\_\_.

We hope this information is helpful for your records.

Sincerely,

[Doctor's Signature With Seal]