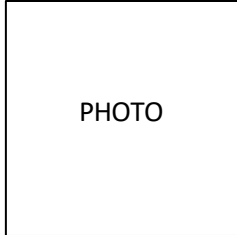


**Letter for relaxation of live Photograph for OPD consultation in RGHS  
empanelled hospital**

TO WHOMSOEVER IT MAY CONCERN

*OPD "Live Photo" Relaxation Letter\**



This is to certify that Mr. /Mrs./ Ms..... (Name of the Patient)  
S/o D/o W/o ..... bearing RGHS Card No..... is  
suffering from ..... (Name of the  
Disease) since ..... (DD/MM/YYYY). The patient is bed - ridden since .....  
(DD/MM/YYYY) and is unable to avail Medical facility in person for OPD consultations. Therefore,  
relaxation may be given to the above mentioned patient till..... (DD/MM/YYYY). The patient has  
been duly verified by .....

Sealed and signature of  
Treating Doctor  
Name of Doctor .....  
Specialty .....  
RMC No. ....  
Date of Issue/Recommendation: .....

Sealed and signature of  
Institution / Government Unit Head

Name of Hospital .....

\*This letter shall be valid for a period of maximum 1 year from the date of Issue/Recommendation.