

# MEDICAL CERTIFICATE

To whom it may concern:

This is to certify that Mr./Ms./Mrs. Cindy Frucht,  
age/sex 34/M of Bayby city, was seen  
and examined on 5/6/2024 and was diagnosed to have  
Anterior shoulder dislocation s/p reduction

I therefore recommend firm sling immobilization  
x 2 weeks

This certificate is being issued upon the request of \_\_\_\_\_  
\_\_\_\_\_ for whatever purpose it may serve  
(excluding legal matters).

Yours Truly,

[Signature]  
D. Jim Baclaym

**MEDICAL CONSULTANT/CLINIC PHYSICIAN**

License No.: 11021 Date: 5/6/2024