

GIG Radiology Pty Ltd  
291 Rossiter Rd  
Koo Wee Rup Vic, 3981  
Ph. 03 83524299  
Fax. 03 7000 5042

## **CERTIFICATE OF ATTENDANCE**

**To Whom It May Concern,**

*This is to certify that*

.....

*Has attended this clinic on*

.....

*Between the hours of*

..... and .....

*Signed,*