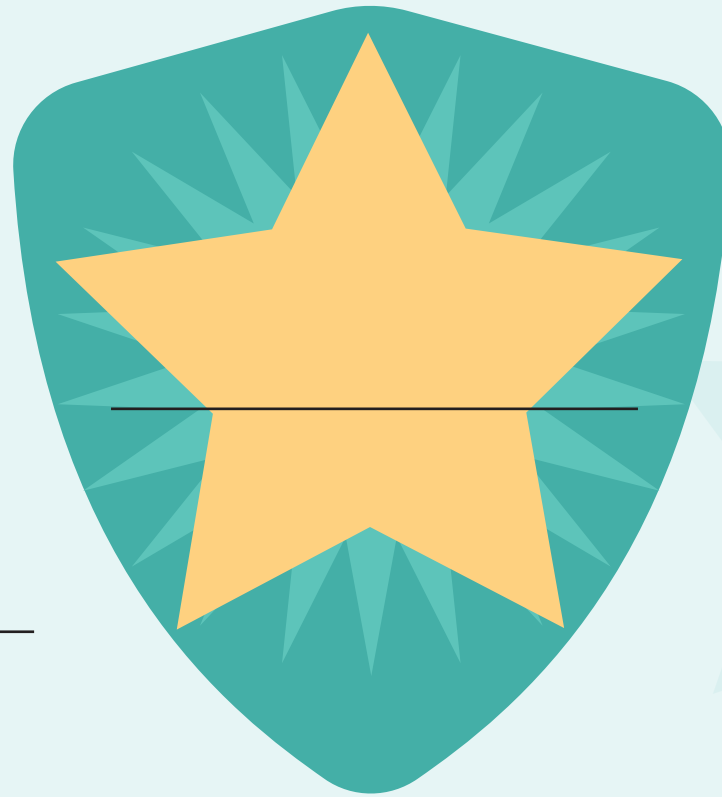


Neonatal Follow-up Clinic Graduation Certificate



Hospital name

Gestational Age / Current Age

Date

Birth Weight / Current Weight

*We are so
proud of you!*

