



I HEREBY ATTEST

Issued by: BARCELONA CITY COUNCIL. XXXX (<i>name of service</i>)
Reference: XXXX
Reasons: To attest to the comprehensive care by Barcelona City Council's XXXX (<i>name of service</i>), part of XXXX (<i>name of Unit or Department</i>)
Date: XX/XX/XXXX

We certify that Mr. / Ms. **XXXXXXXXXXXXXXXXXX** with IDENTITY DOCUMENT **XXXXXXXXXXXXXXXXXX**:

- Receives comprehensive care within Barcelona City Council's **XXXX** (*name of service and unit or department*).

In witness thereof, on Barcelona, on, _____ 202**X**

Signed:

Professional (*first and last names or registration number*): **XXXX**

Contact (*Email*): **XXXX**

XXXX (*Name of Unit or Department*)

Barcelona City Council