



Registration no:  
Email:  
Dr address:

Patient Details

**Duplex Test**

,  
Address

Mob No.  
**+91 9696183800**

Symptoms (Hopi)

Provisional Diagnosis

Ref No:  
Date & Time:

Labs Tests	Medicines	Dose	Duration
	***Note - substitution allowed wherever applicable ***		
	General instruction -		
	Next appointment -		



**Disclaimer:**

1. The information and advice provided here is provisional in nature as it is based on the limited information made available by the patient.
2. The patient is advised to visit in person for thorough examination at the earliest.
3. The information is confidential in nature and for recipients use only.
4. The Prescription is generated on a Teleconsultation.
5. Not valid for medico-legal purpose.