



acv  
acv

Registration no: acv  
Email: acv  
Dr address:acv

Patient Details

**Bxhxacv**  
**Acv , Male**

Address

**Acv**

Mob No.

**+91 9595959595**

Ref No: **0**

Date & Time: **03-Apr-2023 12:29**

**Pm**

Symptoms (Hopi)

**Acv**

Provisional Diagnosis

**Acv**

Labs Tests	Medicines	Dose	Duration
	1- acv	acv	acv
	****Note - substitution allowed wherever applicable ****		
	General instruction -acv		
	Next appointment -03-Apr-2023 12:00 AM		



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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.