



X
Y

Registration no: ng
Email: x@gmail.com
Dr address: thththth

Patient Details

Asif Ali
40 , Male
Address
Thththth
Mob No.
+91 9696183800

Ref No: **0**
Date & Time: **28-Mar-2024 10:32**
Am

Symptoms (Hopi)

Tttt
Provisional Diagnosis
Tttt

Labs Tests	Medicines	Dose	Duration
gyhhy	1- hthth	thththth	thththth
	2- hhtht	hthh	hht
	***Note - substitution allowed wherever applicable ***		
	General instruction -hyyhh		
	Next appointment -28-Mar-2024 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.