



Patient Name:  **Age:** 29 **Sex:** Male **Date:** 2 January 2024

Before/After Food	Medicine	Morning	Afternoon	Night
<input type="text" value="After"/>	<input type="text" value="med1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
				For <input type="text" value="2"/> days