



Clinic/Hospital :
Address :
Doctor Name : madan CHopra
Doctor ID : 5e8741a9cbcbd715589c6903

Patient Information

Patient ID : 5ea85383116fdf239ee9d9d4 Weight : 60Kg
Name : Height : 170cm
Age : Blood Pressure : 80/120
Sex : Date : 22-05-2020
Time : 06:19 PM

Symptoms

Symptoms	Frequency	Any Specific
Migraine	After food	After food
Back Pain	All the Time	All the Time
Stomach Pain	After food	After food
Heart Burn	After food	After food

Test

Test Name	Method	Result
Malarial Parasitel	Card1	Under Process1

Medication

Medication Name	Frequency	Duration	Before/After Food	Anything Special
Paracetamol1	Twice a Day	2days	AF	Madan CHopra

Therapy

Therapy Name	Frequency	Sub category	Continuity frequency	Remarks
Running2	15 mints2	Exercise2	Daily2	In case of pain Stop walking2

Signature

Date and time : 22-05-2020, 06:19 PM

Status of the Prescription : Open