

# PRESCRIPTION

DR.SACHIN PANDE

Apollo  
Pune  
contact:020 2683 0290

patient name: **ATHARVA MESHARAM**  
sex:Male    age:21  
PCMC

Date:2024-02-03

Prescribed Medicine	Dosage	Duration
Tab. Cetirizine	1-m,1-n	7days
Tab. sinarest	1-n	7days
Tab. Dolo 650mg	1-m, 1-n	3days

Note from your doctor:

Gargle with hot water two times a day. Oily food should be avoided. Do exercise.

Follow up: 2024-02-13

Signature