

PRESCRIPTION

DR.DOC1

Fortis Hospital
Pune
contact:9876789876

patient name: **PATIENT1**
sex:M age:30
Pune

Date:2024-02-16

Prescribed Medicine	Dosage	Duration
Tab. Amoxycillin 250 mg	1M,1N	3
Tab. MEF Plus	1M	3
Tab. Parazex 500	1N	2
Tab. NIMSE 100	1M,1N	5

Note from your doctor:

Take proper rest and avoid salty & sweet food.

Follow up: 2024-02-26

Signature