## **Burdwan Medical College**

## **Patient Prescription**

| Name           | koley             |                |          |
|----------------|-------------------|----------------|----------|
| Blood Group    | A+                | Age            | 45       |
| Gender         | Male              | Contact Number | 45367842 |
| Date of Birth  | 2024-12-25        |                |          |
| Address Line 1 | 2 rachi road      |                |          |
| Address Line 2 | 1/6 bihar         |                |          |
| District       | Bhagalpur         | City           | Belur    |
| State          | Bihar             | Pincode        | 77864    |
| Email          | koley69@gmail.com |                |          |