|  |  |
| --- | --- |
| ${hospitalName}  ${hospitalAddress}  ${city}  ${phoneNumber} | ${drName}  ${drEducation}  ${date} |

**Name - ${patientName} Age- ${age} Gender - ${gender}**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ##band=medicines |  |  |  |  |  |
| ${srNo} | ${tabletName} | ${morning} | ${noon} | ${evening} | ${days} |