Appointment ID: null	
Name:	
Age:	
Address:	
Gender:	
Height:	
Weight:	

Date of Prescription: 2024-04-08 05:03:54

Diagnosis:

Start your Diagnosis reciept here...

## **Prescriptions:**

Medicine Name	Dosage	Dosage Instructions
Cholecor	Capsule	Take 1 capsule daily with food
Zythromycin	Suspension	Take 5mL every 12 hours for 10 days
Glucorest	Tablet	Take 1 tablet twice daily with meals