# CUET MEDICAL CENTER

**Logo**                                                                                    **Date:**

**Student info**                                                                      **Doctor info**

Name: test

Name: aasa Age: 18 Hall Name: adad                    Personal info: test
Contact: 121313

**Diseases Details**                                                          **Medicine**

1.

Sysmtopms:                                                                           2.
Probable diseases:                                                               3.
Suggested test:                                                                     4.
Report Analysis:                                                                   5.
Initial medicine:                                                                    6.

7.

Next appointment date: