

CUET MEDICAL CENTER



Date:

Student info

Name: aasa Age: Hall Name:

Doctor info

Name: test
Personal info: test
Contact: 121313

Diseases Details

Medicine

Sysmtopms:
Probable diseases:
Suggested test:
Report Analysis:
Initial medicine:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Next appointment date: