



OPD - Record

Doctor:				Date & Time:		
sdfs				2024-01-15 00:13		
Last Name:	First Name:			M.I.:	Age:	Sex:
rhfgh	fghgfh			gf	43	Male
Address:				Birthday:		
dsfsdf				2004-01-01		
Parent/Guardian:				Contact No.:		
dsfsdf				523452542		
BP:	HR:	RR:	TEMP:		WT:	
4545	454545	545	45		454	
Doctor's Note:						
dfgdfgdfg						