



## OPD - Record

Doctor:				Date & Time:		
asdasd				2024-01-14 23:55		
Last Name:	First Name:			M.I.:	Age:	Sex:
Alcazar	Carl			M.	10	Male
Address:				Birthday:		
asdasd				2006-01-01		
Parent/Guardian:				Contact No.:		
asdasd				12313		
BP:	HR:	RR:	TEMP:		WT:	
123	123	123	123		123	
Doctor's Note:						
asdadasd						