			Patient Pr	escription	ı			
Prescription No		4		Prescription Date		3/17/2	3/17/2022 12:32:46 PM	
Doctor Information								
Doctor Name		Mr Roy		Dr Registration No		1088	1088	
Dr Qualification		Phd.		Dr Contact No		99889	9988998800	
Dr Email		kiran@gmail.com		Dr City		Andar	Andaman & Nicobar Islands	
Dr Address		Address						
Patient Information								
Corporate Name		Welleazy						
Patient Name		KIran Kumar		Patient Age		32	32	
Patient Contact No		8899009911		Patient Email		kiran@	kiran@welnext.com	
Patient City		Bangalore		Patient Address		Banga	Bangalore Park, Bangalore	
Drug Information								
Medicine Name	Medic	ine Type	Medicine Session		InTake Method		Remarks	
Crocin Table		t Morning,Afterr		noon,Evening	After Meal		Diet to be prefered Properly	
		_		•		ī		
Symptoms		Test Details		Prescription Details		Diet T	Diet To Be Follow	
Test1		Test2		Test3		Test4	Test4	
Next Visit Date		3/22/2022 12:00:00 /	AM			•		
						Docto	r Signature	