			Patient Pr	escription	1			
Prescription No		2		Prescription Date		3/10/2022 5:35:25 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		Welnext						
Patient Name		Rajesh Kumar		Patient Age		32	32	
Patient Contact No		8899009988		Patient Email		rajesh	rajesh@welnext.com	
Patient City		Bangalore		Patient Address		Bangalore Park, Bangalore		
Drug Information								
Medicine Name Medic		sine Type Medicine Ses		sion InTake Method			Remarks	
Dolo 650 Table		t Morning		After Meal			Testing	
Symptoms Test		Test Details		Prescription Details		Diet To Be Follow		
Symptoms		Test updated new		Prescription				
Next Visit Date	_							
				Do		Docto	Ooctor Signature	
						W	elleaz	