

Patient Prescription

Prescription No		Prescription Date	
-----------------	--	-------------------	--

Doctor Information

Doctor Name	Mr Roy	Dr Registration No	1088
Dr Qualification	Phd.	Dr Contact No	9988998800
Dr Email	kiran@gmail.com	Dr City	Andaman & Nicobar Islands
Dr Address	Address		

Patient Information

Corporate Name	Welnext		
Patient Name	Rajesh Kumar	Patient Age	32
Patient Contact No	8899009988	Patient Email	rajesh@welnext.com
Patient City	Bangalore	Patient Address	Bangalore Park, Bangalore

Drug Information

GridView of Medicine			
	Symptoms	Test Details	Prescription Details
Diet To Be Follow	Symptoms update 2nd	Test update by Doctor	Prescription update
Test3	Next Visit Date	3/22/2022 12:00:00 AM	
			Doctor Signature
			