

## Prescription

**Dr. shadab**

Date : 30-07-2024

Treatment Package ID	133	Blood Group	A+
Patient Name	khan shahab	Disease	Diabetes,Cardiovascular,Arthritis
Patient Mobile No.	5656656565	Allergy	dhoop se allergy

Diagnosis

Date	Selected Teeth	Disease	Chief Complain	On Examination	Advice
30-07-2024	18, 17	Caries	Swollen gums	test	teszrt

Treatment Procedure

Date	Treatment	Teeth	Qty	Cost	Cst * Qty	Note
30-07-2024	Re-Root Canal Treatment @ per tooth	18, 17	2	4000	8000	

Medicine Details

Date	Medicine Name	Dosage	Frequency	Duration	Note
30-07-2024	Disprin 325 tablet	103	0-1-1(BD)	5 days	test

Doctor's signature

Patient's signature