**Asprin 500mg -10 (mor, aft, night) after lunch**

**Triazolam 50mg -3 (night) after lunch**

**Age: 23**

**Date: 16/07/2021**

**Name: patient\_1**

**Address: chennai**

**MARTIN R. ROBERTS, M.D**

**SPECIALIST IN**

**Address**

**Line, Street Name**

**Country, Pin Code**

**Tel: +41-4556-66-456 Fax: 666-655-5759**

**Signature:**