

Patient Name: Hirushit

Patient Age: 21

Consultation Date: 2024-07-15

Consultation Time: 11:30 - 11:45

Medicines

● **Name: Medicine 1**

- Dosage: 3 pills
- Before Food: Yes
- After Food: No
- Timing: Morning: Yes, Afternoon: No, Night: No

● **Name: Medicine 2**

- Dosage: 50 mg
- Before Food: Yes
- After Food: No
- Timing: Morning: Yes, Afternoon: No, Night: No

● **Name: Medicine 3**

- Dosage: 20 ml
- Before Food: No
- After Food: Yes
- Timing: Morning: Yes, Afternoon: No, Night: Yes

● **Name: Medicine 4**

- Dosage: 30 mg
- Before Food: Yes
- After Food: Yes
- Timing: Morning: Yes, Afternoon: Yes, Night: Yes

● **Name: Medicine 5**

- Dosage: 1 pill
- Before Food: No
- After Food: Yes
- Timing: Morning: Yes,
Afternoon: No, Night: Yes

Doctor's Signature

Hirushit



