

Patient Name: Hirushit
Patient Age: 22
Meeting Date: 13/7/2024
Meeting Time: 12:30 - 12:45

Medicines

• **Name: Test MEDicine 1**

- Dosage: 40 mg
- Before Food: Yes
- After Food: No
- Timing: Morning: Yes, Afternoon: No, Night: No

• **Name: Test Medicine 2**

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

Doctor's Signature:

Hirushit