

Patient Name: Hirushit

Patient Age: 22

Consultation Type: In-person

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