

Patient Name: Hirushit

Patient Age: 22

Consultation Date: 2024-07-13

Consultation Time: 12:30 - 12:45

### Medicines

• **Name: Test Medicine 1**

- Dosage: 2 pills
- 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