



ali ahmed

Doctor



Doctor Information

Name	Email
ali ahmed	ali@gmail.com
Phone	Licence Number
1959608444	351615
Department	Speciality
oncology	fcps,oncol
Shift time	
10 AM to 1 PM	

Patient Prescription

Name :	Age :
<input type="text" value="hello"/>	<input type="text" value="22"/>
Phone Number :	Sex :
<input type="text" value="1858585"/>	<input type="radio"/> Male <input type="radio"/> Female <input checked="" type="radio"/> Other

Medicines:

NAPA

Upload prescriptions:

Choose File

No file chosen

Post

Upload error!