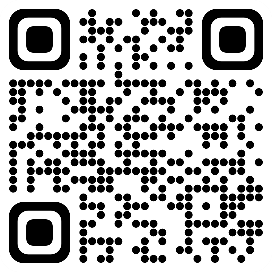
|  |  |
| --- | --- |
| ***Medicine*** | **Dosage** |
| *{#meds}{name}* | {dosage} |
| *{/meds}* |  |



Medicines

{#diag} **{name}**: {comment}

{/diag}

Verify Prescription   
Prescription ID : {prescID}

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Diagnosis

{info}

Other comments

Name: {patient\_name}

Age: {patient\_age}

Gender: {patient\_gender}

Patient Details

Date: {date}

Dr. {dr\_fname} {dr\_lname}

{dr\_speciality} UPRN: {dr\_uprn}

MBBS, MD I Medicine, MCPS

Bedekar Hospital, {dr\_clinic\_location}