

Apollo 507, Tulip, Kasarvadavali, Agar Panchaitan, MH, 400615

Phone: 9867289482

Timings: undefined - undefined (Su, M, T)

Mithul, Rao dsfdsf

MRC: MH04KR

												Γ	Date: 05/02/2025	
Patient's r	name	New	New Patient New				OPD regi		gistration					
Age		17	17				Gender			Fe	male			
Chief Complain	nts:						•			'				
Sr.		(Complaint								ration			
1		Ċ	dhfh											
Vitals:	Vitals:													
Pulse (per minute): Respiratory rate (per minute):														
Blood pressure (mm Hg):						Temperature:								
Local Examinat	tion:													
Local examin	nation													
Investigations														
Physical Exami	nation:													
Sr.			System					Findings						
1														
Provisional Diagnosis														
Prescription (R	x):													
Sr.	Dosage Form			Drug Name		Strength		Frequency			Duration	In	struction	
1														
Other Instructions														
Next Follow-up														
Physician Signature							Stamp							