

IMAGE PLACEHOLDER

Patient's name:		Age:		Gender:		Date:		OPD registration:				
Chief Complaints:												
<table><tr><td>Sr.</td><td>Complaint</td><td>Duration</td></tr></table>										Sr.	Complaint	Duration
Sr.	Complaint	Duration										
Vital Signs:												
Pulse (per minute):					Respiratory rate (per minute):							
Blood pressure (mm Hg):					Temperature:							
Local Examination:												
Physical Examination:												
Systemic:												
<table><tr><td>Sr.</td><td>System</td><td>Findings</td></tr></table>										Sr.	System	Findings
Sr.	System	Findings										
Provisional Diagnosis:												

Rx:

Sr.	Dosage form	Drug name	Strength	Route	Frequency	Duration	Instruction
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Other Instructions:

IMAGE PLACEHOLDER

Next Follow-up: