

FICHE MEDICALE

2023-04-15 Date

naski semah Patient's Name .

_ Gender _FEMME 2023-04-03 Age Date of birth .

_ Type d'assurance <u>professionnelle</u> Etat Clinique Moyen

Rx:

Date de Reservation num 1: 2018-01-01

Date de Reservation num 2: 2021-03-01

Date de Reservation num 3: 2018-01-01

Date de Reservation num 4: 2023-04-30

testEmail Ordonnance num 1:

panadole Dosage: 4 Duration: 4

Doctor's Signature





Ordonnance num 2 : gripe

panadole Dosage: 5 Duration: 1

Doctor's Signature