Patient Name: Input Name Age: input age; Sex: input sex; Weight: input weight;				Phone Number: Input Number; Birth Date: Input Birth Date;	
Province	City		Address		
Select Province	Select City		Addres	S	
In case of Emergency, notif	y Relationship	Relationship		Emergency Phone Number Emergency Phone Number	
Bite Exposure Deto	ails	Date of Treatment	:		
Date of Exposure	Date of Exposure				
ype of Exposure	Exposure	Type of Animal		Bite Location	
Select Type of Exposure	Select Option	Type of Animal		Bite Location	
Treatment Given Type of Medicine Date of Exposure Treatment Category	Sessions	Medicine Given Date of Exposure	Route		

Type of Animal

Bite Location

Select Option

Doctor Remarks