

**Date :** 17-Jan-2024**Name :** Veena Ravirajan**Age :** 0**Sex :** Female**Email Id :** neerajarrajan@gmail.com**Address :** viman nagar**Phone No :** 7798525767

| Medicine Name | Number Of Times | Remarks                |
|---------------|-----------------|------------------------|
| Tab Pantop-D  | M               | for 5 days             |
| Tab Supradyn  | M               | for 10 days after meal |
| Novamox 500   | M-N             | for 5 days after meal  |
| Zerodol SP    | M-N             | for 5 days after meal  |

  
**Doctor's Signature**

Siddhesh Optimus, Office No. 7, B Wing, First Floor, Sr.No. 211/1/7, Opposite Lunkad Queensland Society, Near Konark  
Epitome, Vimannagar, Pune - 14.