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Dr. Dr Ravi Gupta

dentist

MBBS, MD

Ø=Üç ravi@gmail.com | Ø=Üþ N/A | Reg: 123

PATIENT DETAILS

Name: Varun Shivanikar

Age/Gender: 21 Years / Male

Date: 16 Dec 2025

Contact: N/A

Chief Complaints:

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PRESCRIPTION

S.No	Medicine Name	Dosage	Timing	Duration
1.	Amoxicillin	2	1-1-1	5 days

Doctor's Signature

Dr. Dr Ravi Gupta

This is a computer-generated prescription.