



Dr. Dr Ravi Gupta

dentist

MBBS, MD

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

PATIENT DETAILS

Name: Varun Shivanikar

Age/Gender: 21 Years / Male

Date: 16 Dec 2025

Contact: N/A

Chief Complaints:

SS



PRESCRIPTION

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

Doctor's Signature

Dr. Dr Ravi Gupta