

## RURAL HEALTH KIOSK PRESCRIPTION

Date: 06-11-2015

No Image

**Reg No.:** Patient\_01\_008

**Name :** test p

**Wife of test g**

**Age :** 135years

**Address :** hjgsbnscs

**Gender:** Male

**Ph.No. :** +910099

### Complaint of :

Pain  
Where --> Throat  
Where --> Joints-Shoulder  
Where --> Joints-Wrist

### Advice :

jy

### Medication :

jyj  
Tablet: ACAREX, 1 time(s) in a day() X 1 Day(s)

### Provisional Diagnosis

jk

### Diagnostic Test :

jyj

### Final Diagnosis :

jyj

### Referral :

yjy

**Kiosk Coordinator Name :**

Sushanto Khaldar

**Dr. S.B Acharya**

**43972**

**Signature :**

