

## RURAL HEALTH KIOSK PRESCRIPTION

Date: 2015-07-22



**Reg No.:** Patient\_01\_09

**Name :** abc abc

**Son of mr abc**

**Age :** 25 years

**Address :** Jadavpur

**Gender:** Male

**Ph.No. :** 1234567899

### Complaint of :

Pain  
Where --> Head-Front  
Where --> Teeth  
Where --> Neck  
Type --> Always

### Provisional Diagnosis

pd

### Final Diagnosis :

fd

### Advice :

adv

### Medication :

tab BECADEXAMINE CAPSULE dose 1  
before lunch 1 week  
syrup VANMYCETIN OPTICAP dose 1  
before lunch 1 week

### Diagnostic Test :

diago

### Referral :

ref

**Kiosk Coordinator Name :**

Sushanto Halder

Signature :

**Dr. doctor name**

**Signature :**