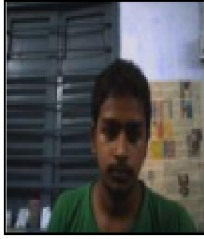


RURAL HEALTH KIOSK PRESCRIPTION

Date: 15-10-2015



Reg No.: Patient_01_01

Name : Sushanto Halder

Son of Mr Halder

Age : 20 years

Address : Jadavpur

Gender: Male

Ph.No. : 8276851718

Complaint of :

Pain
Where --> Head-Whole
Where --> Teeth
Type --> Sometimes
Brought On By --> Injury
Relieved By --> Food

Provisional Diagnosis

pd

Final Diagnosis :

fd

Advice :

ad

Medication :

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

Diagnostic Test :

dt

Referral :

rf

Kiosk Coordinator Name :

Sushanto Khaldar

Dr. Sushanto Halder

Signature :