

RURAL HEALTH KIOSK PRESCRIPTION

Date:

Dr. abc

Ph.No.: -number-

-Signature-

Patient Name: Sushanto Halder

Address: Durgapur

Age: 20 **yrs** **Gender:** MALE

Ph.No.: 1234567890

Complaint of:

WEF, WENF

Advice:

Medication:

Provisional Diagnosis

Final Diagnosis:

Diagnostic Test:

Referral:

Kiosk Coordinator Name:

Sushanto Halder

Signature: