

TTH Next

das

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Name: : dsada billId: : PRBILL022
UHID: : dsa Consult Doctor: : sadsa
Age/Sex: : 2/Male

PRESCRIPTION

S. No	Medicine Name	M	A	E	N	Instruction	Duration
1	dsa	1	-	1	1	With food	3 days

Mobile : -

E-mail : -

Website : -