



# A Next Generation Advance Health Advice System

## Medical Prescription

**Doctor's Name:** Wazed Rifat  
**Doctor's Address/Chamber:** Mirpur 12  
**Doctor's Email:** idpproject17@gmail.com  
**Doctor's Phone No.:** 01512314564  
**Patient's Name:** Dipok Sarkar  
**Patient's Gender:** Male  
**Possible Disease/Complication Name:**

### Patient's Symptom

Symptom	Duration/Complication
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### Medication Details

Medicine Name	Daily Dose	Instructions/Description
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### Advice/Instructions to Patient: