

**Practice Name** 

3jq0JuVKVgjY9MFxgGu

**Practice Email** 

witepit664@ploneix.com

**Practice Email** 

witepit664@ploneix.com

**Doctor Name** 

salman test

**Doctor Email** 

rolax73401@nicoimg.com

**Doctor Phone** 

+92 1112356765

**Patient Name** 

**Patient Email** 

**Patient Phone** 

**Patient Gender** 

Abdullah Khan

witepit664@ploneix.com

+92 3156263580

Male

## **Prescribed Drugs**

## Risek

Take Capsule () 5 Times A Day by Route - As Needed - 5

Note to Patient: dsfsdfsdf Note to Pharmacy: dsfsdf