

PATIENT INFORMATION

Full Name:	laser patient
Patient ID:	7
CNIC:	34202-4369540-3
Gender:	N/A
Date of Birth / Age:	N/A
Contact Number:	032415478898
Email:	laserpatient@gmail.com
Address:	Kharian, Punjab

MEDICAL RECORD DETAILS

Record ID:	16
Record Date:	29 Apr, 2025
Appointment Date:	01 May, 2025
Treatment Type:	New consultation
Specialist:	laser care (laser)

Diagnosis:

Yes

Clinical Notes:

You are laser patient Be-Positive

PRESCRIBED MEDICATIONS

Medication	Dosage	Instructions
laser therapy	4	daily

RECOMMENDED TREATMENTS

Treatment	Description

laser therapy	2 days in a week
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LAB TEST RESULTS

Test Name	Result
laser therapy	Positive

Specialist Signature: _____ Date: _____

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