

# ALANDI HOSPITAL

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Date: 25/04/2022 SL No.: \_\_\_\_\_

Symptoms: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Advice: \_\_\_\_\_

Medicine	No.s	After/Before	Time
		BF	

Doctor's Signature: \_\_\_\_\_