## **Prescription**

Doctor Name: ramesh Hospital Name: sms hospital

Specialization: nuerology Hospital Address: B/503,business center,hyderabad,india,ZipCode 502032,040 42007777

Patient Name: vijay/ Age: 29 Mob Number: 8790521321 Date and Time

Weight (kg): 80, Height(Cm): 200 (B.M.I = 20.00 ), BP = 120/80 mmHg 2024-03-02 || 14:00:00

**Chief Complaints** 

\*FEVER WITH CHILLS (4 DAYS)

\*HEADACHE(2 DAYS)

**Clinical Findings** 

\*THESE ARE TEST FINDINGS FOR TEST PATIENT

\*ENTERING SAMPLE PRESCRIPTION

**Diagnosis** 

Malaria

| Medicine Name | Dosage    | Duration    |
|---------------|-----------|-------------|
| Medicine 2    | 2 tablets | Twice a day |
|               | 1 tablet  | Once a day  |

## **Advice**

- \* Take bed rest
- \* Do not eat outside food

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