

Dr. Ram
Mobile No. doctormobile
hospital name
hospital address
Phone no. hospital mobile

Health ID : healthID
Patient Name : patient name
Address: patient address
Date : date

Chief complaints

complaint(days)
Clinical findings

complaint finding

Notes

prescription notes

Diagnosis

prescription diagnosis

Procedure Conducted

procedureConducted

Medicine Name

medicineName
Dosages & Duration

morning : morning quantity (remark)
afternoon : afternoon quantity (remark)
night : evening quantity (remark)
days : duration
Total Tab. : medicine total

Investigations

investigation

Advices

advice

