

# Prescription Maker Website

## Doctor Information.

Name :

Qualifications:

Gender : ☐ Male ☐ Female

Registration Id :

Phone no :

## Patient Information.

Name :

Date Of Birth :

Gender : ☐ Male ☐ Female

Address :

Phone no :

Height:  Weight:

## Observation.

Diagnosis:

Chief Complaints:

Advice/Referrals:

Clinical Features:

## Add Drugs.

Drug Name:  strength

Direction:

Duration:

Other Instructions:

Made By PBL Group4 Div-G1(MMCOE)

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