

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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