

152/97 170 12 Palient ID.

## **Doctor's Notes**

□GP	□ Specialty
Patient Name	Jaskre, Age/DOB Gender Date
Weight Height	BP
Complaints, History, Diagn	osis, Investigations, Medications.
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Gilead Medical & Centre, Hou	e of Balm, C896/3, Kanda Highway, Accra Chana.   Tel:0302227196   Email: info@gileadmedical.co   www.gileadmedical.co
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