

/ Date : 27/April/2019

Patient Name : Ekramul Hassan

/ Email Id : mailme.ekramul@gmail.com

/ Phone Number : 7063678339

Doctor's Name : Dr. Nisarg Patel

/ Medical Registration Number : G55340

/ Degree : MBBS,MD

PATIENT INSTRUCTION

S_x

/ Symptoms:

D_x

/ Diagnosis:

Hyperpigmentation,erectile dysfunction

R_x

/ Medicines:

Medicines

Caverta 50mg Tablet 4'S

SILDENAFIL CITRATE

Metacortil Lite Cream 15gm

HYDROQUINONE+MOMETASONE+TRETINOIN

Dosage

1-0-0

1-0-0

Duration

4 days

5 days

Note to Pharmacist : Substitution Permitted

/ Notes (this include medical test or other information):

N.R. Patel

Signature

/ Contact us

Email ID: support@justdoc.com

Phone: 7022920101

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