+91-9911321705



ALI HEALTH CARE CENTRE

Name: none Age / Gender: / none

Medical History and Complaints

Temp:
Pulse:

SPO2:

Weight:

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Medicines & Adv.

- 1. Tablet. sdfhfgfgh ----- fghfghfgh
- 2. Inject. fghfghfgh ----- fghfghfgh
- 3. Syrup. fghfgh ----- fhfghfg