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| --- | --- |
| 24-09-2019 | Patient’s Progress Notes |
|  | RESIDENT PHYSICIAN M.D |
|  | Prime Example Hospital |
|  | I Main Street |
|  |  |
| Name : Jhon | Insurance Id:1234567890 |
| Address : 2 Main Street NY 100 | Amt:$1000 |
| Disease:NKDK | Finance Company:State Bank of India |
| DOB : 12/13/1985 | Expiry Date:24/09/2030 |
| Age :24 |  |
| Sex : Male |  |
| Weight :165 kls |  |
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|  |  |
|  |  |
|  | Resident Physician |
|  | (Signature) |
|  |  |
|  |  |
| Refills: |  |
|  |  |
| Dispense as Written | May Substitute |
|  |  |