
saroha
jagadamba
market
Phone # 9676798654

DR saroha k

Date : 2016-07-13 **Slot :** 16:40 - 16:50

Patient Name : *patient1 ()*

Doctor Observations :

Initial Diagnosis :

Medical Test Prescribed :

Medicines Name :

Medicine Name	Usage	Morning {Breakfast}		Afternoon {Meal}		Night {Meal}		Days #
		Before	After	Before	After	Before	After	
Atarax 15 ml		N	N	N	N	N	Y	3

Next Appointment Date :