

---

Phone #

---

**DR Dr.Naveen**

---

**Date :** 2016-09-06 **Slot :** 00:00-00:00

**Patient Name :** Hema Latha ()

---

**Doctor Observations :**

*Calcium deficiency*

**Initial Diagnosis :**

**Medical Test Prescribed :**

---

**Medicines Name :**

---

Medicine Name	Usage	Morning {Breakfast}		Afternoon {Meal}		Night {Meal}		Days #
		Before	After	Before	After	Before	After	
Zina Plus 2 5mg/5mg/2 mg	300mg						Night After Meal	5

---

**Next Appointment Date :**

2016-09-15

*Avoid Cabbage and Cauliflower,Raw onions*