

Clinic Details:

Clinic Name: Hospital**Clinic Address:** bzjzj 4021 133210**Clinic Contact:** 8800928499

Doctor Details:

Dr. Nitin Jain**Specility:** Dermatology**Contact No:** 8800928499

Patient Name

jyotidudy hxxh Yrs / Male

Weight: -

Height: -

BMI: 0
UNDER WEIGHT

Known Case of



All Allergies



Symptoms



Duration



Diagnosis



Tests



Medication:

Medicine

Duration

Schedule

Remarks



CAPSULES - AB PHYLLINE CAP



588 Days

Before Meal: Afternoon
After Meal: Evening

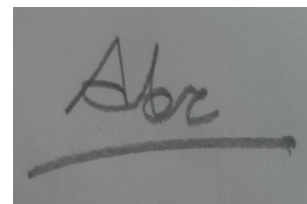
hdhf

Advice



Complete medicine course.

**Next Visit:** 2023-11-22 00:00:00**Remarks:**



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