

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

vg gh

Yrs / Male

Weight: -

Height: -

BMI: 0**UNDER WEIGHT**

Known Case of



All Allergies



Symptoms



Duration



Diagnosis



Tests



Medication:

Medicine

Duration

Schedule

Remarks



INJECTION - 25 % DEXTROSE 100ML (D)yy



22 Days

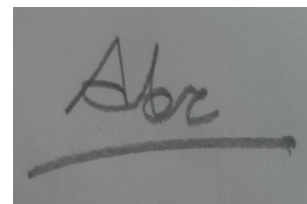
Before Meal: Evening
After Meal: Evening

tyy

Advice



Complete medicine course.



Download DQ Care App from Google Play/Apple Appstore to view your smart health file.