

## 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

gy hy

Yrs / Male

Weight: -

Height: -

**BMI: 0****UNDER WEIGHT**

## Known Case of



## All Allergies



## Symptoms



## Duration



## Diagnosis



## Tests



## Medication:

## Medicine

## Duration

## Schedule

## Remarks



SYRUP - A TO Z-NS SYRUP



66 Days

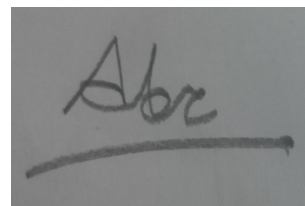
Before Meal: Evening  
After Meal: Evening

t5

## Advice



Complete medicine course.



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