

## 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

nitin jain 35 Yrs / Male

Weight: 160 CM

Height: 50 KG

**BMI: 20**  
**NORMAL WEIGHT**

## Known Case of

## All Allergies



- ☐ red spots
- ☐ abc1
- ☐ need know cases

## Symptoms

## Duration



## Diagnosis

- ☐ Dengue
- ☐ Cancer
- ☐ Malaria

## Tests

- ☐ Biopsy
- ☐ Breathing Rate
- ☐ Blood Pressure
- ☐ Amniocentesis

## Medication:

## Medicine

## Duration

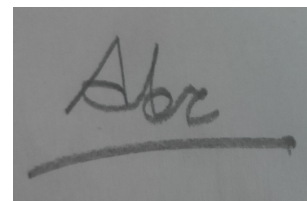
## Schedule

## Remarks

- | Medicine  | Duration                        | Schedule  | Remarks |
|---|---------------------------------|---|---------|
| <input type="checkbox"/> AB PHYLLINE CAP - CAPSULES | <input type="checkbox"/> 2 Days | <input type="checkbox"/> <u>Before Meal:</u> Evening<br><u>After Meal:</u> Afternoon, Evening | 0       |

**Advice**

- Complete medicine course.
- Complete medicine course.
- Salt restricted diet.
- Take plenty of fluids.



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