

**INSERTED
INSERTED**

Date : 15-03-17

$$\mathbf{R}_x$$

Before Meal

2. Enhancin 250mg

Bed time

Test

2. ESR

Treatment Advised

Remark

ok

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I authorize the doctor to perform appropriate medical/dental care for me/my patient. I also appoint him as my legal representative and authorize him to make decisions regarding medical/dental treatment.

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