

G/E

Pulse: /min

Blood Pressure:
Temperature: mm of Hg
degree F
Icterus:
Anaemia:
Cyanosis:
Tonque:
Pharynx:
Tonsils:
Oedema:
Lymph Node:
Past History:
Any Other Comment:

Hospital _Name
prescription

Doctor Name:
Pat. Code: Date
Time
Name: Age:
Sex:
Complains:
Provisional Diagnosis:

Medicine	Dosage	RX Times Daily	At	Till
Calpol	1 spoon	Morning	Date	Date

Other Advice:
Investigation Advice: