

# Prescription Maker

## Doctor Information.

Name :	<input type="text"/>
Qualifications:	<input type="text"/>
Gender :	<input type="radio"/> Male <input type="radio"/> Female
Registration Id :	<input type="text"/>
Phone no :	<input type="text" value="91"/> <input type="text"/>

## Patient Information.

Enter date of birth

Show DOB

Name :	<input type="text"/>
Gender :	<input type="radio"/> Male <input type="radio"/> Female
Address :	<input type="text"/>
Phone no :	<input type="text" value="91"/> <input type="text"/>
Height:	<input type="text"/>
Weight:	<input type="text"/>

## Observation.

Diagnosis:	<input type="text"/>
Chief Complaints:	<input type="text"/>
Advice/Referrals:	<input type="text"/>
Clinical Features:	<input type="text"/>

## Add Drugs.

strength	<input type="text" value="1"/> <input type="text"/>
Drug Name:	<input type="text"/>
Direction:	<input type="text"/>
Duration:	<input type="text"/>
Other Instructions:	<input type="text"/>

**Made By PBL Group4  
Div-G1(MMCOE)**

Download