



# 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 :	<div><div>91</div><div>▼</div></div> <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 :	<div><div>91</div><div>▼</div></div> <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	<div><div>1</div><div>▼</div></div> <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)

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