



MD. Vikhyath N Rao

Neurologist
ID No: 4

Prescription ID: 90

Date: 2025-11-11

| Patient Details & Vitals: | |
|--------------------------------------|--------------------------------|
| Name: | Skanda |
| Phone: | 8088795774 |
| Email: | skandabbbar@gmail.com |
| Blood Grp: | O+ |
| Address: | Bavalady,Bijoor post,bYNDOR TK |
| Age: | 22 |
| Gender: | Male |
| Weight: | 63.0 kg |
| BP: | 110/70 |

A. Diagnosis / Confirmed Symptoms:

Head ache

B. Medications / Medicine Info:

No medications prescribed.

C. Consultation Notes (Transcription):

After I have running from the hospital. Now I have cough.

Doctor's Signature

MEDICAL CLINIC NAME