

# IMAGINEX HEALTH CLINIC

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**Prescribing Doctor:**

Dr. ABC DEF  
General Physician

Prescription No. **59**

Date: **2025-11-03**

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**Patient Details:**

Name: deb  
Age: 99  
Gender: Male

**Vitals:**

BP: 120/30  
Weight: 130.0 kg  
Blood Grp: A+

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**A. Confirmed Symptoms (Diagnosis):**

Feaver

**B. Medications (■):**

No medications prescribed.

**C. Consultation Notes:**

No detailed transcription available.

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**Dr. ABC DEF**  
**Dr. Signature**