

# HEALTH CHOICE CLINIC

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**Debmallya Panja, Cardiologist**

Prescription no.:**[52]**

Date: **11/03/2025**

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Mr./MS/Mrs.: **[Debmallya ]**

Age: **[50]**

Address: **[Patient Address Placeholder]**

Contact Num.: **[9609393003]**

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**A. Diagnosis/Symptoms:**

No symptoms recorded.

**B. Medications (R/):**

No medications prescribed.

**C. Consultation Notes:**

No detailed transcription available.

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**Dr. Signature**