

Phone Number :

Dr. VYSHAKH PS  
M.B.B.S , M.D , M.S  
GYNAECOLOGY  
Reg No : 2058

Patient ID :  
Patient Name :  
Age : Years  
Blood Group :

MEDICAL HISTORY

VITALS:



PRESCRIPTION:

DRUGS	DOSAGE	FREQUENCY	DURATION
-------	--------	-----------	----------

No drug details available

SYMPTOMS

No data available

SYNDORMES

No data available

DISEASES

No data available

ADDITIONAL COMMENTS

No data available

TREATMENT

No data available

FOLLOWUP DATE