



01-4790238
info@xyba.health
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PATIENT PARTICULARS

NAME: patientName AGE/SEX: age/gender

OCCUPATION: occupation ADDRESS: Address PHONE NO.: Phone Number

COMPLAINTS

Complaint

OBSERVATION/EXAMINATION FINDINGS

Observation/Examination

ADVISE AND TREATMENT

Advise and Treatmentsadfskldfasl;dfk;asd;flaksl;fka;sdlfks;dlfkjksdfksdkjfsadhkjfshdkjfhasdkjfhsdkjafhkasfhkasdjhfkjasd fkajsdfhksdajfhajsdfhsjdfhaskjfhkajsdfhjasdfhkjasfjksdhfkasdjhfkjsadfjksdhfsdajfhkjsadfhasjfhhaksjfsakjdfhkasjdjhaskdfhaksjfhaksjdfhkashfkahfjakfkasjfakfsksdfksdahfkasjdfhkajsdhfkjasdflhsakjdfncasnkcjdncsdakjnccasdcjnksdafsaf hakjhsdakj

PARTNER CLINIC



DOCTOR NAME: DoctorName

DEGREE: Degree

NMC NO.: NMC_number