

**U** 01-4790238

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www.xyba.health

## PATIENT PARTICULARS

NAME: patientName AGE/SEX: 50 /gender

OCCUPATION: occupation ADDRESS: address PHONE NO.: phoneNumber

**COMPLAINTS** 

complaints

## **OBSERVATION/EXAMINATION FINDINGS**

observation

**ADVISE AND TREATMENT** 

advise



DOCTOR NAME: treatment

**DEGREE:** 

NMC NO.: 987654321