



Doctor Name :	Contact No :	MCI Registration No : CGIMP897	
Qualification :	DCK MBBS		Specialist :
Patient Name :	Age :	Sex : Male	Mobile No :
W/O, S/O, D/O : NA	Patient Address :		
Consultation Date :	PatientId :	OPD No :	Prescription No:

Vitals : Dr. Chandra Vikas Rathore

Chief Complaints :

Examination / Lab findings :

Dialog and Condition: Peditrain/ Neonologist

Advice :

Generic Name	Quantity/Dose	Frequency	Duration	Timing	Special Instructions
METRONIDZOLE 200 MG/5ML SUSPENSION	10 ml	Twice a day	3 Days		
PARACETAMOL 125 MG/5 ML SYRUP	10 ml	SOS	3 Days		
ORAL REHYDRATION SALTS POWDER	10 ml	Twice a day	3 Days		
ZINC SULFATE 20 MG TABLET DS	10 ml	Twice a day	10 Days		

Review on: 11/09/2022