



Registration No:

Patient Details
Address:
Ph No.:
Symptoms(HOPI):
Provisional Diagnosis:

Ref no:
Date & Time:

Lab Tests	Medicines
No tests prescribed.	<div>1. <div>Tablet</div><div>Take when in need for days After food</div></div> <div>***** Note: Substitution allowed wherever applicable. *****</div> <div>General Instructions:</div> <div>Next Appointment:</div>

Disclaimer:

1. The information and advice provided here is provisional in nature as it is based on the limited information made available by the patient.
2. The patient is advised to visit in person for thorough examination at the earliest.
3. The information is confidential in nature and for recipient's use only.
4. The Prescription is generated on a Teleconsultation
5. Not valid for medico-legal purpose