



PR4164746

Patient Name: Mrs.santhoshi kumari tangudu

Age: Infant

Gender: Female

Date: 19/11/2021

License Number 12345556

Dr. Madhu Doc

General Physician

Reason For Call: Bed Wetting

Detail by Patient:

Chief Complaint:

test issue

Diagnosis:

Back Pain

Investigation:

Remarks:

S No.	Drug Name	Quantity / Dose	Schedule	Note
1	dolo	10 (650 mg)	morning-night (beforeMeal)	

For software demo, not for use.

Dr. Madhu Doc

MBBS(ayurvedic)