

Patient ID: 7

Date: 2023-08-18

Doctor Information:

Name: Dharun S

Department: Anesthesiology - Krish Hospital

Email: doctor2@gmail.com

Phone Number: 1234567890

Prescription To:

Name: senthil

Age: 19

Blood Group: B+

Address: erode

Email: senthilkumar.ei21@bitsathy.ac.in

Phone Number: 6385265999

Medicine

Medicine Name	Quantity	Frequency	Duration	Relation with meal	Instruction
Paracetomal	4	200	3 or 4 hrs	After food	Don't forgot to take medicine

Test

Test Name	Description
Blood test	Everything is all right

Advice/Recommendation

Don't forgot to take medicine - Take care