

Patient ID: 7

Date: 2023-08-15

Doctor Information:

Name: Pravin

Department: Cardiology - Square Hospital

Email: pravin.it@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	10	100	2 hrs	After food	nope

Test

Test Name	Description
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Advice/Recommendation

Take care