

**Dr. imthiyastwentynfour dj**  
Surgeon,Psychiatrist,Dermatologist,Testing Spef  
KMC Number:

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**Patient Name:** **Age:** **Sex:** **Height:** **Weight:**

**Aliment Details:**

**Past Medications:**

**Prescription:**

Tablet Name	Quantity	Consumption
dolo	2	twice

**Any other Instructions:**

doctor



(DR.imthiyastwentynfour dj)