

**Dr. cuz dr**  
Surgeon,Family Physician,Internal Medicine Physician,Pediatrician  
KMC Number:

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

**Aliment Details:**

**Past Medications:**

**Prescription:**

Tablet Name	Quantity	Consumption
1	1	2

**Any other Instructions:**

test



(DR.cuz dr)