

Dr. Balaji

Surgeon,Internal Medicine Physician,Psychiatrist,Dermatologist,Family Physician,Pediatrician,Endocrinologist
KMC Number:

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

Aliment Details:

Past Medications:

Prescription:

Tablet Name	Quantity	Consumption
dolo	3	twice

Any other Instructions:

test



(DR.Balaji)