

**Dr. Muruga**  
Surgeon,Family Physician,Internal Medicine  
Physician,Pediatrician,Psychiatrist,Cardiologist,Dermatologist,Endocrinologist,Testing Spef  
KMC Number:

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[www.mysalveo.com](http://www.mysalveo.com)  
[dr@mysalveo.com](mailto:dr@mysalveo.com)  
Phone: +91 7892976253



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

**Aliment Details:**

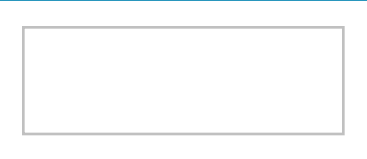
**Past Medications:**

**Prescription:**

Tablet Name	Quantity	Consumption
med	2	2
med	1	1

**Any other Instructions:**

complete



(DR.Muruga)