

**Dr. MG A**  
Surgeon,Internal Medicine Physician,Family  
Physician,Pediatrician,Cardiologist,Psychiatrist,Dermatologist,Endocrinologist  
KMC Number:

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

**Aliment Details:**

**Past Medications:**

**Prescription:**

Tablet Name	Quantity	Consumption
1	1	1

**Any other Instructions:**

testing



(DR.MG A)