

**Dr. sangeetha**

Surgeon,Family Physician,Testing Spef,Internal Medicine Physician  
KMC Number:

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

**Aliment Details:**

**Past Medications:**

**Prescription:**

Tablet Name	Quantity	Consumption
ddd	2	3

**Any other Instructions:**

yyy



(DR.sangeetha)