

**Dr. Mahijith**

Surgeon,Family Physician,Internal Medicine Physician,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
hh	1	3

**Any other Instructions:**

hhh



(DR.Mahijith)