

**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)