

Dr. durai selvam

Surgeon,Family Physician,Internal Medicine
Physician,Pediatrician,Psychiatrist,Cardiologist,Dermatologist,Endocrinologist
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Patient Name: **Age:** **Sex:** **Height:** **Weight:**

Aliment Details:

Past Medications:

Prescription:

Tablet Name	Quantity	Consumption
ddd	55	22

Any other Instructions:

test



(DR.durai selvam)