

## **Medical Prescription**

**Doctor Name: akshay** 

**Registration No: 1234** 

**Diagnosis** 

## **Medicine List**

| Name | Frequency            | Qty | With  |
|------|----------------------|-----|-------|
| cggg | Three times in a day | One | Millk |
| cggg | Three times in a day | One | Millk |

## **Medical Test**

ROUTINE URINE ANALYSIS RANDOM BLOOD SUGAR

## **Hospitalization Required:**

No

**Specialist Consultant Required:** 

Oral medicine

Wellness Advice:

Avoid Heavy food Sleep Properly

Note:cccggcfg