

## **Medical Prescription**

**Doctor Name: Qualification: MBBS** 

**Registration No: 123455** 

**Findings** 

Name

**Diagnosis** 

Name

**Medicine List** 

Name Frequency Qty With

**Medical Test** 

**Hospitalization Required:** 

No

**Specialist Consultant Required:** 

Wellness Advice:

## Follow Up Date:



Note: