

## Medical Prescription

**Doctor Name : gg**

**Registration No : 1234**

**Diagnosis**

### Medicine List

| Name | Frequency          | Qty | With  |
|------|--------------------|-----|-------|
| h    | Two times in a day | Two | Milk  |
| h    | Two times in a day | Two | Water |

### Medical Test

|                 |
|-----------------|
| LIPOPROTEIN (A) |
| TRANSFERRIN     |

**Hospitalization Required:**

Yes

**Specialist Consultant Required:**

Neurology

**Wellness Advice:**

Avoid Heavy food

Sleep Properly

Note:hello remark

