

## Medical Prescription

**Doctor Name : gg**

**Registration No : 1234**

**Diagnosis**

### Medicine List

Name	Frequency	Qty	With
h	Two times in a day	Two	Millk
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

A handwritten signature in black ink, featuring a stylized, cursive script. The signature is positioned on a rectangular background with a light gray and white checkerboard pattern, which is a common visual indicator for a transparent image file.