

# **Medical Prescription**

2021-02-16 12:39:43.744073

**Doctor Name: dr akshay** 

**Qualification: MBBS** 

**Registration No: 123455** 

**Medicine List** 

| Name | Frequency            | Qty | With  |
|------|----------------------|-----|-------|
| ik   | Three times in a day | Two | Millk |

#### **Diagnosis**

| Name      |  |  |
|-----------|--|--|
| Flu       |  |  |
| Swine Flu |  |  |

**Medical Test** 

FASTING BLOOD SUGAR

**Findings** 

| Name  |  |
|-------|--|
| Fever |  |
|       |  |

## Low Oxyzen

### **Hospitalization Required:**

No

### **Specialist Consultant Required:**

sharir kriya

**Wellness Advice:** 

Avoid Heavy food

Sleep Properly

Note:ggvv

Follow Up Date:2021-02-19 12:39:01.844167

