

# **Medical Prescription**

**Doctor Name: bccnfn** 

Registration No: 1234

#### **Medicine List**

Name	Frequency	Qty	With
Joshila 100mg Tablet	One time in a day	One	Millk
Joshila 100mg Tablet	One time in a day	One	Millk

### **Diagnosis**

Name
Flu
Cold

#### **Medical Test**

ROUTINE URINE ANALYSIS FASTING BLOOD SUGAR

### **Findings**

Name Low BP high BP

## **Hospitalization Required:**

No

## **Specialist Consultant Required:**

Amraz-E-Dimagh-Wa-Asab

Wellness Advice:

Exercise

Note:hhgghh