

DOC 24

Smart healthcare for smart cities

Dr XYZ MBBS,MD

Hospital/Clinic Name

Hospital/Clinic Address

Reg No.

Doctor and Clinic Details

Patient Name

Patient's Age

Clinic Address

Date of Issue

Patient and Visit Details

Rx

Medicine

Strength

Duration

Dosage

Medicine Details

Doctor's Sign and Stamp

Doctor Sign and Stamp

Customer Name: Hdhhd
Contact No: 9818819594
Time: 21:42:05

1. Add/Edit