

#### **Health Record**

Patient Name : Examined By Doctor : Dr. Yogesh r naidu

Mobile Number: Examined On: 26-Nov-2019

**Vitals** 

Weight Height BP Sugar BMI PULSE

**Prescription** 

 Drug Type
 Drug Name
 Duration in Days
 Repeat
 Timings
 Meal

**Allergies** 

Allergy Type Allergy Name

**Diagnostic Lab** 

Lab Name Test Name

**Refered Doctors** 

Doctor Name Mobile Email

**Complaints** 

**Diagnosis** 

**Observations** 

Patient Name : Examined By Doctor : Dr. Yogesh r naidu

Mobile Number: Examined On: 26-Nov-2019

**Vitals** 

Weight Height BP Sugar BMI PULSE

**Prescription** 

Drug Type Drug	Name Duration in Days	Repeat Timing	s Meal
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## **Allergies**

Allergy Type Allergy Name
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## **Diagnostic Lab**

Lab Name Test Name
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### **Refered Doctors**

Doctor Name	Mobile	Email

# **Complaints**

# **Diagnosis**

### **Observations**

Patient Name : Examined By Doctor : Dr. Yogesh r naidu

Mobile Number: Examined On: 27-Nov-2019

### **Vitals**

Weight Height BP Sugar BMI PULSE

# **Prescription**

Drug Type	Drug Name	Duration in Days	Repeat	Timings	Meal	

## **Allergies**

Allergy Type	Allergy Name
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# **Diagnostic Lab**

Lab Name	Test Name
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### **Refered Doctors**

Doctor Name	Mobile	Email
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# **Complaints**

# **Diagnosis**

# **Observations**