

MAHAVIR VAATSALYA ASPATAL

L. C. T. Ghat, Patna-1, Ph. : 0612-2275657

DRUG FORM

Patient's Name Mr. Suman Kumar Age 27y Sex M

Reg. No. 20906 I.P. _____ Ward/Room# _____

DETAILS OF MEDICINE

[illegible]

DATE :

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Ordered by