Patient Details

Name: _____   Age: _____

<div style="border:1px solid #000">

Symptoms:

</div>

<div style="border:1px solid #000">

Treatment:

</div>

Signed _____

Patient Details

Name: _____   Age: _____

<div style="border:1px solid #000">

Symptoms:

</div>

<div style="border:1px solid #000">

Treatment:

</div>

Signed _____