Patient's name _____ Age _____ Sex _____

Phone or address _____ Patient ID _____ Date _____

**Vitals**

**Complaints (C/O)**

**Findings (O/E)**

**Diagnosis**

**Tests advised**

***Rx***

**Advice**

Review date _____

Signature

Patient's name _____ Age _____ Sex _____

Phone or address _____ Patient ID _____ Date _____

**Vitals**

**Complaints (C/O)**

**Findings (O/E)**

**Diagnosis**

**Tests advised**

***Rx***

**Advice**

Review date _____

Signature

SAMPLE: A MADE-UP PATIENT, NOT MEDICAL ADVICE

# Dr. S. Rao, MBBS, MD (General Medicine)

Reg. No. 00000

Sunrise Clinic, Main Road. Phone 00000 00000

Monday to Saturday, 9 am to 1 pm and 5 pm to 8 pm. Sunday closed.

Patient's name **Sameer Khan** | Age **41** | Sex **Male**

Phone or address **00000 00000** | Patient ID **2603-0088** | Date **02-11-2026**

**Vitals**

Weight 72 kg, BP 124/80 mmHg, pulse 96/min, temperature 100.6 °F

**Complaints**

Fever, cold and body ache for 2 days

**Findings**

Throat red, chest clear

**Diagnosis**

Viral fever

**Tests advised**

None today

## *Rx*

| Medicine | Dose | How often | When | Days | Qty |
|---|---|---|---|---|---|
| **TAB. PARACETAMOL 650 mg** | 1 tablet | 1-1-1 | After food | 3 | 9 tablets |
| **TAB. CETIRIZINE 10 mg** | 1 tablet | 0-0-1 | After food | 5 | 5 tablets |

**Advice**

Drink plenty of water. Rest for 2 days. Come back at once if you have breathlessness, a rash or vomiting.

Review date **09-11-2026, if the fever continues**

*Dr. S. Rao*

Signature

SAMPLE