

# ???????? ??????????????

## Genesis Hospital

123, Anna Nagar, Chennai - 600040

Phone: 044-12345678 | Email: info@genesishospital.com

**Patient Name:** Ramesh Kumar

**Age / Gender:** 34 / Male

**PID:** GH102345

**Date:** 25-11-2025

**Address:** No.12, Gandhi Street, T Nagar, Chennai

### ?? ??????? ?????????? / Prescription

#	?????????? ?????? / Medicine	???? / Frequency	????????? / Days	????????? / Notes
1	Paracetamol 500mg	????, ??? (Morning, Evening)	5 ???????	???? ??????? ??? (After Food)
2	Azithromycin 250mg	??? ?????? (Once Daily)	3 ???????	????????? ??? (Before Food)
3	Cetirizine 10mg	???? ??????? (Night Only)	7 ???????	???????????? ?????? (After Food)

**Dr. Mahesh Babu MBBS., MD.**

**Consultant Physician**

**Reg No: TN-54321**