



**Patient Name:** Kosha S Patel

**Age:** 33 Year(s)

**Gender:** Male

**Patient Id:** 201804004

**Contact No: 07405888560**

**Date:** 04-06-2018

**Water Allergy Recorded by Dr. Mrugesh Vaishnav**

**Food Allergy Recorded by Dr. Mrugesh Vaishnav**

**T:188 P:199 RR:200 BP:211**

$$\mathbf{R}_x$$

**1. Injection Insulin (150 ml) 1 day(s)**  
**(Before Food)**

Thanks for visit.