

# MedicalForm Information

createdDate: 1707883879975

allergies: etc

heightInches: 200

alcohol: 1

lastVisitDate: 1/2/24

heightFeet: 6

familyHistory: etc

historyId: 1707883879975


smoking: 0

weight: 78

healthProblem: etc

traveled: 1

Medicine Name: azomax - Dosage: 500mg - Frequency: twice a day

Signed by:  
  
A48D0F742136445...

Client Agreement

Key	Value
Retainer Fee	12000
Monthly Payment	500
Date	October 1, 2025
Charges	N/A
Paid On Day Of Month	15th
County	Islamabad
Signature Date	October 1, 2025
Down Payment Amount	500
Paid On Date	October 1, 2025
Client Name	hogi
Guarantor Name	hogi