At the doctor's

PATIENT'S DETAILS

Name:	
Surname:	
Date of birth:	
SYMPTOMS:	
TREATMENT:	
IKEAI/MENT:	
	Signature:

take a medicine stay in bed cough broken leg fever earache rash sore throat running nose take an aspirine cough medicine ear drops headache stomach ache temperature drink a lot of water spread antiseptic cream take an x-ray