[Clinic Name]

[Speciality or tagline]

Dr. [Doctor name]

[Qualifications] | Reg. no. [number], [Council name]

Timings	[Mon to Sat: 10 am to 1 pm, 5 pm to 8 pm] · [Sun: closed]
Appointments	Phone / WhatsApp: [+91 00000 00000]

[Address, area, city, PIN]

[Service 1] · [Service 2] · [Service 3] · [Service 4]

Clinic registration no.: [number, if your state requires it] | Fees list available at reception