**FREQUENCY OF BLEEDING EVALUATION**

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| **SR.NO** | **CASE NO** | **AGE** | **HAEMOPHILIA TYPE** | **F/H** | **FREQUENCYOF BLEEDING** | | **FREQUENCY OF FACTOR TRANFUSION** | | **HEALING TIME** | | **ASSOCIATED COMPLAINTS** |
|  |  |  |  |  | **BEFORE MEDICATION** | **AFTER MEDICATION** | **BEFORE** | **AFTER** | **BEFORE** | **AFTER** |  |
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