**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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