Xyz Office #: 8 sdafsd, asdfasdf lahore, 34334

Pakistan

Fax #:

Telephone #: 042342343

E-mail: adnan.qta2013@gmail.com Company TAX #: 34324

## **PRESCRIPTION**

Date: Prescription #: Patient: Age: Gender:

| Prescription | Comment |
|--------------|---------|
|              |         |
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| Dr.  |    |
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| Lic. | #: |
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, Issued: PTR #: