

PRESCRIPTION TEMPLATE

Prescription No.

0002

Prescription Date

September 6, 2023

Patient Information

Name

Gaurang Patel

Age

20

Phone Number

(190) 876-7543

Date of Birth

Tuesday, September 16, 2031

Email

gauarang@gmail.com

Gender

Male

Address

Allergies

Cancer

Notable Health Condition

List of Prescribed Medications

Medication Name	Purpose	Dosage	Route	Frequency
Amphetamine	Stimulant		Oral	1-0-1
Atomoxetine	SSR		Oral	0-1-0

Physician Name

Karan Chandravanshi

Physician Phone Number

(123) 456-8987

Physician Signature



Physician Email

karam@gmail.com

September 1, 2023