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| --- | --- | --- | --- | --- | --- |
| Michelle Richardson, FNP-C | | | Prescription no.: | | [3810BN00] |
|  | | | Date: | | 04/15/2033 |
| (910)332-0701 | | | |  |  |
|  | | | |  |  |
| *[[INSERT MEDICINE NAME],500 mg; 5 tablets, After meals]* | | | | | |
| *[Paracetamol, 500 mg; Once A Day]* | | | | | |
| *[Ibuprofen, 600 mg; Thrice A Day, After Meal]* | | | | | |
| *[Naproxen Sodium, 500 mg; Once A Day]* | | | | | |
|  | | | | | |
| Mr./MS/Mrs. | [Jeffrey S. Brown] |  | | | |
| Age: | [22] |  | | | |
| Address: | [Matthew Rd, Vestal, NY 135, USA] |  | | | |
| Contact Num.: | [320-988-3840] |  | | | |