Valid if transmitted by facsimile machine only

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| **PATIENT INFORMATION** |  |
| PATIENT ID: 125375 |
| FIRST NAME: idsk | LAST NAME: Xkxk |
| DATE OF BIRTH: 55/25/3939 |
| PHONE: 538373 |
| ADDRESS: utkarsh7213@gmail.comb |
| CITY: 38 | STATE: Punjab | ZIP: 147202 |
| ALLERGIES: |

|  |  |
| --- | --- |
| **PRESCRIPTION INFORMATION** |  |
| DRUG: METFORMIN 5%/PROGESTERONE 1%/AZELAIC 1%/SPIRONOLACTONE CREAM |
| QUANTITY: 60GM |
| REFILLS: 6 |
| INSTRUCTIONS/SIG: take medicine two times recommended by our physician |
| COMMENTS: |

|  |  |
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| **PRESCRIBER** |  |
| NAME: Utkarsh Singh | TEL: 6283599912 | NPI: Utkarsh783 |
| ADDRESS: Utkarsh7837 Utkarsh7837 |
| SIGNATURE: Utkarsh Singh | DATE: 2023-11-01 12:21:16 |

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