

PRESCRIPTION

PATIENT INFORMATION

Name: John Doe
Date of Birth: 05/15/1980
Patient ID: P-1001
Gender: Male
Address: 123 Main Street, Anytown, CA 12345

PRESCRIPTION DETAILS

Prescription ID: PRESC-004
Date Issued: December 15, 2022
Valid Until: December 25, 2022

MEDICATION

Name: Amoxicillin
Strength: 500mg
Form: Capsule
Quantity: 30 capsules

DOSAGE & ADMINISTRATION

Take one capsule by mouth three times daily for 10 days.
Take with or without food.

ADDITIONAL INSTRUCTIONS

This antibiotic is prescribed to treat a bacterial infection.

Complete the entire course of antibiotics even if you feel better before it's finished.
Stopping early may allow bacteria to continue to grow, which may result in a return of the infection.

May cause diarrhea, nausea, or vomiting. Contact your doctor if you develop a rash, itching, or difficulty breathing, which may indicate an allergic reaction.

Take at evenly spaced intervals throughout the day to maintain consistent blood levels.

REFILLS

Refills: 0

PRESCRIBER INFORMATION

Name: Dr. Sarah Johnson
Specialty: Internal Medicine
License Number: MD12345
Address: 456 Medical Center Blvd, Anytown, CA 12345
Phone: (555) 123-4567

SIGNATURE

Dr. Sarah Johnson, MD

*This prescription is electronically generated and is valid without a physical signature.
Please verify the authenticity of this prescription with the issuing healthcare provider if needed.*

MediRecord Electronic Prescription System - PRESC-004