

Medical Prescription Additional Notes:

Take only if pain persists

This prescription is valid for 30 days from the date of issue.
Hospital Name
123 Hospital St, City

Phone: (123) 456-7890 Doctor Signature: _____

Patient Information:

Name: John Doe
Gender: N/A
Date of Birth: N/A

Prescription Details:

Prescription ID: 68119571c515f14e876eefbd
Date: 4/29/2025
Prescribing Doctor: Dr. Johnn Doe
License: N/A

Medications:

Medication	Dosage	Frequency	Duration
Ibuprofen	200mg	Once a day	3 days