Medical Prescription

Name of the Patient:

Date of Birth		Age:	

Contact Details: _____ [mention complete contact details of a patient]

Date: _____ [mention the date on when the prescription is being written]

Diagnosed with: _____ [Name of the illness that the patient is suffering from]

Blood Pressure:		Pulse rate	

Drug	Unit (tablet, or syrup)	Dosage (per day)

Examination to be done (if any): _____ [Mention the name of the examination that a patient needs to do.

Things to follow: _____ [Mention if there are any health regimes a patients needs to follow regular]

Signature of the physician:		Date:	