MEDICAL PRESCRIPTION

City Hospital					
123 Health Sti	reet, Medical City				
Patient:					
Age/Gender:	0/				
Date:	02-May-2025				
Diagnosis:					
Medications:					
• Syrup.	Dextromethorphan	10ml	- TDS	x 7	days
Doctor:					
Signature:					
Date: 02-May-	-2025				