

Stay Healthy

Patient Information:

Name: John Doe

Gender: Male

Date of Birth: August 15, 1980

Phone Number: (123) 456-7890

Email: johndoe@example.com

Prescription Details:

Doctor's Name: Dr. Jennifer Smith

Medical License: MD123456

Phone Number: (987) 654-3210

Email: drsmith@exampleclinic.com

Date: January 13, 2025

Prescriptions:

Medication Name: Lisinopril

Dosage: 10 mg

Directions: Take one tablet by mouth once daily.

Quantity: 30 tablets

Medication Name: Metformin

Dosage: 500 mg

Directions: Take one tablet by mouth twice daily with meals.

Quantity: 60 tablets