

# Prescription

Gateway Clinic

Clinic Name

Dr Smith

Doctor's Name

Cardiology

Speciality

890703678642

ID Number

S. No 8701015123085

Date 2025/07/20

Patient's Name Ms Doe

Date of Birth 01/01/1987

Age 38

Gender F

**Rx:**

Take Aspirin times per [ 2 ] Day [ 1 ] Week

Days of the Week: Mon [ 1 ] Tue [ ] Wed [ ] Thu [ ] Fri [ ] Sat [ ] Sun [ ]

Frequency [ 2 ] Morning [ 2 ] Noon [ 2 ] Night Hour/time of the day



Doctor's Signature

17 McAthur

Address

Gateway

Clinic Name

041-234-4234

Phone Number