

Prescription Form:

Patient Name: John Jones

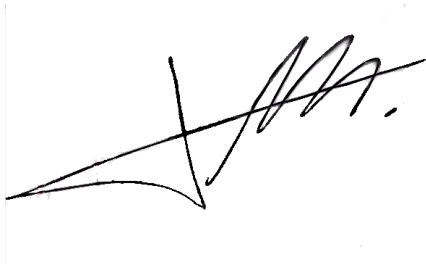
Subject Id: 10020

Prescription Name: metformin Dosage: 10 ml 2x per day Start Date: 11-11-2011

Prescription Name: amlodipine Dosage: 20 ml daily Start Date: 11-15-2023

Prescription Name: Balarinan Dosage: 1000 ml daily Start Date: 11-18-2023

Doctor Bob

A handwritten signature in black ink, appearing to be 'J. Jones', is written over a faint, light blue rectangular grid background.