

## Prescription Form:

Patient Name: John Jones

Subject Id: 10020

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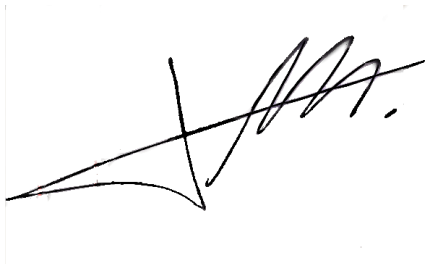
Prescription Name: metformin      Dosage: 10 ml 2x per day      Start Date: 11-11-2011

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

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Doctor Bob

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