| Prescription   |                 |          | Date: NaN-NaN-NaN      |   |             |  |
|--|-----------------|----------|------------------------|---|-------------|--|
| Patient Information: Name: Amit Kumar Age: 30 Gender: Male |                 |          | Temp<br>Pulse<br>Blood | ral Examination: perature: °C Rate: bpm Pressure: mmHg iratory Rate: breaths/ | /min        |  |
| Complaints   | Duration (days) |          | System                 |   | Findings    |  |
| Past History:  |                 |          | Final Investi          | gation:   |             |  |
|  |                 |          |                        |   |             |  |
| Prescription (Rx):   |                 |          |                        |   |             |  |
| Dosage Form  | Drug Name       | Strength | Times                  | Duration  | Instruction |  |
| Dosage Form  | Drug Name       | Strength | Times                  | Duration  | Instruction |  |
| Dosage Form  | Drug Name       | Strength | Times                  | Duration  | Instruction |  |
| Dosage Form  | Drug Name       | Strength | Times                  | Duration  | Instruction |  |
| Dosage Form  | Drug Name       | Strength | Times                  | Duration  | Instruction |  |
| Dosage Form  | Drug Name       | Strength | Times                  | Duration  | Instruction |  |
| Dosage Form  | Drug Name       | Strength | Times                  | Duration  | Instruction |  |
|  | Drug Name       | Strength | Times                  |   | Instruction |  |
| Dosage Form  Signature:                                    | Drug Name       | Strength | Times                  | Duration  Stamp:  | Instruction |  |