

Prescription Template

Prescription No.
0005

Prescription Date
July 1, 2024

Patient Information

Name
Mukesh Singh

Age
26

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Patient Information

Name
Mukesh Singh

Phone Number
(015) 213-9006

Date of Birth
Wednesday, December 2, 1998

Email
mukesh.singh@iu-study.org

Gender
Male

Address
Karl-Kunger-Straße 26
Berlin, 12435

Allergies
Penicillin, Peanuts

Notable Health Condition
Hypertension
Type 2 Diabetes
Asthma

List of Prescribed Medications

Medication Name	Purpose	Dosage	Route	Frequency
Lisinopril	Hypertension	10 mg	Oral	Once daily
Metformin	Type 2 Diabetes	500 mg	Oral	Twice daily
Albuterol	Asthma	2 puffs	Inhalation	As needed (max 4 times/day)
Atorvastatin	Hyperlipidemia	20 mg	Oral	Once daily

Physician Name
ABHYUDAYA SHARMA

Physician Phone Number
(099) 015-2497

Physician Signature

A handwritten signature in blue ink, consisting of a series of loops and a horizontal line at the end.

Physician Email

abhyudaya220794@gmail.com