

MEDICAL PRESCRIPTION

Date: May 14, 2025

Patient: [Patient Name]

Age: [Age] years

Gender: [Gender]

DIAGNOSIS:

- Essential Hypertension (High Blood Pressure)
- Chronic Insomnia

MEDICATIONS:

1. Tab. Amlodipine 5mg

Take 1 tablet once daily in the morning

Duration: 30 days (Refill: 3)

2. Tab. Telmisartan 40mg

Take 1 tablet once daily in the morning

Duration: 30 days (Refill: 3)

3. Tab. Melatonin 3mg

Take 1 tablet 30 minutes before bedtime

Duration: 14 days

4. Tab. Zolpidem 5mg

Take 1 tablet at bedtime as needed for insomnia

Duration: 7 days (No refill)

ADVICE:

- Monitor blood pressure twice daily and maintain a log
- Reduce sodium intake in diet
- Exercise moderately for 30 minutes, 5 days a week
- Avoid caffeine after 2 PM
- Practice good sleep hygiene: consistent sleep schedule, no screens 1 hour before bed
- Follow up for blood pressure evaluation in 4 weeks
- Report any side effects like dizziness, swelling of extremities, or morning grogginess

Dr. [Doctor's Name]

[Medical Registration Number]

[Hospital/Clinic Name]

[Contact Information]