

Rawalpindi Medical Complex

Satellite Town, Rawalpindi

Phone: +923123456812 | Email: doctor24@gmail.com

Noor Jahan

Dermatology

License No: LIC024

Registration: [REG NO]

R PRESCRIPTION

PATIENT INFORMATION

Name: Ali Ahmed

Age: 25 years

Gender: Male

Date: 18/06/2025

Patient ID: 03123456789

PRESCRIBED MEDICATIONS

1. **Panadol** (Tablet)

└ Dosage: 500mg

└ Frequency: Three times daily

└ Timing: After meals

└ Duration: 3 Days

FOLLOW-UP APPOINTMENT

Next visit in Weeks

⚠ This prescription is computer generated and valid

Please take medications as prescribed only

Prescription ID: Preview