



# Prescription Details

Prescription Name <input type="text" value="sample"/>	
Patient Name <input type="text" value="gigi"/>	Medicine Name <input type="text" value="ibuprofen"/>
<input type="text" value="22/11/2021"/>  Start Date	<input type="text" value="24/11/2021"/>  End Date
Morning Medicine count <input type="text" value="1"/>	Midday Medicine count <input type="text" value="0"/>
Evening Medicine count <input type="text" value="0"/>	Bedtime Medicine count <input type="text" value="0"/>