



Prescription Name <input type="text"/>	
Patient Name <input type="text" value="Bhargav"/>	Medicine Name <input type="text" value="Crocin"/>
<input type="text" value="mm/dd/yyyy"/>  Start Date	<input type="text" value="mm/dd/yyyy"/>  End Date
Morning Medicine count <input type="text"/>	Midday Medicine count <input type="text"/>
Evening Medicine count <input type="text"/>	Bedtime Medicine count <input type="text"/>