



Prescription Details

Prescription Name <input type="text" value="stomach"/>	
Patient Name <input type="text" value="Hasini"/>	Medicine Name <input type="text" value="Ibuprofen"/>
<input type="text" value="21/11/2021"/>  Start Date	<input type="text" value="25/11/2021"/>  End Date
Morning Medicine count <input type="text" value="1"/>	Midday Medicine count <input type="text" value="1"/>
Evening Medicine count <input type="text" value="1"/>	Bedtime Medicine count <input type="text" value="1"/>