**PRESCRIPTION**

Patient Name: Age: Gender:

Address:

Diagnose:

|  |  |  |
| --- | --- | --- |
| **Medicine** |  | **Quantity** |
| $name  *$instruction* | x | $quantity $unit |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Advice: $advice

|  |
| --- |
| HoChiMinh City, 30th May 2025  Doctor Sign  $DoctorName |

**Follow-up Date:** May 15, 2025  
*(Please bring this prescription with you on your follow-up visit.)*