

\_ Prescriber’ssignature

Name

…………………………………………………………………………………………………… DOB …….………………………………………………………………………………………

Address

……………………………………………………………………………………………………

……………………………………………………………………………………………………

**Date:**

**Patient details: ……………..**

**One Hospital**

Address: Mirpur2,Dhaka-1216 Insert Phone: 0181840776

Fax: 12 3456 7890

**PRESCRIPTION**