Patient: {{name}} Age: {{age}} Sex: {{gender}}

Address: {{address}} Date: {{date}}

**PRESCRIPTION**



|  |  |  |  |
| --- | --- | --- | --- |
| **Medicine** | **Dosage** | **No. of Tablets** | **Intake** |

Notes:

{{prescription\_notes}}

**Physician**: {{doctor\_name}}

**PRC. No.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTR No.**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_