**Regional Maritime University Sickbay**

**Prescription Summary**

**Patient Information:**

* **Name:** ${full\_name}
* **Date of Birth:** ${d\_o\_b}
* **Gender:** ${gender}
* **Visit Date:** ${visit\_date}
* **Diagnosis:** ${diagnosis}

**Prescriptions:**

* ${prescription}

**Doctor's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_