



Prescription Details

Prescription Name <input type="text" value="Powere"/>	
Patient Name <input type="text" value="Powere"/>	Medicine Name <input type="text" value="Dolo"/>
<input type="text" value="23/11/2021"/>  Start Date	<input type="text" value="30/11/2021"/>  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"/>