

# Prescription

**Doctor:** Dr. DocDoc  
**Appointment ID:** 66e7079dde074c8a29da61b8  
**Date:** 9/16/2024  
**Patient ID:** 66db1dd1812af22ca70ae006

## Medications

Name	Type	Dosage	Frequency	Duration	Instructions
HAHA	HAHAHA	HAHAHA	HAHAHA	hHAHAH	HAHAHA

\_\_\_\_\_, M.D.  
License No.: \_\_\_\_\_  
PTR No.: \_\_\_\_\_  
S2 No.: \_\_\_\_\_