| <b>S No:</b> PRE-2024-001     | Type of Prescription: General Medicine |
|-------------------------------|--|
| Patient's Name: John Smith    | <b>Date of Birth:</b> 15/05/1985       |
| Address:<br>123 Main Street   | Date:<br>28/12/2024                    |
| Prescription details go here. |  |
| DR:<br>Dr. Sarah Johnson      | Signature                              |

I confirm this prescription is based on a valid doctor-patient relationship.