

S No:		Type of Prescription:	on:		
PRE-2024-001		General Medicine			
Patient's Name:		Date of Birth:			
John Smith		15/05/1985 Date: 28/12/2024			
Address:					
123 Main Street					
Prescription detai	ls go here.				
Dr. Sarah Johnson			Signature		
	I confirm this prescription is based	on a valid doctor-patient relationship.			