



<b>S No:</b>	PRE-2024-001	<b>Type:</b>	General Medicine
<b>Patient's Name:</b>	John Smith	<b>Date of Birth:</b>	15/03/1980
<b>Address:</b>	123 Medical Center Drive	<b>Gender:</b>	Male
<b>Email:</b>	john.smith@email.com	<b>Date:</b>	28/12/2024
<b>Phone Number:</b>	(555) 123-4567		

Rx

<b>DR:</b>	Dr. Sarah Johnson
<b>Reg. Number:</b>	MD123456

I have prescribed the medication listed above for the patient mentioned above.  
I confirm that this prescription is based on a valid physician-patient relationship with my patient.