



**Dokter For You**

HEALTH & MEDICAL

**S No:**

PRE-2024-001

**Type of Prescription:**

General Medicine

**Patient's Name:**

John Smith

**Date of Birth:**

15/05/1985

**Address:**

123 Main Street

**Date:**

28/12/2024

**Prescription details go here.**

**DR:**

Dr. Sarah Johnson

**Signature**

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