



**S No:**

PRE-2024-001

**Type of Prescription:**

General Medicine

**Patient's Name:**

John Smith

**Date of Birth:**

15/03/1980

**Address:**

123 Medical Center Drive

**Gender:**

Male

**Email:**

john.smith@email.com

**Date:**

28/12/2024

**Phone Number:**

(555) 123-4567



**DR:**

Dr. Sarah Johnson

**Signature:**

**Registration Number:**

MD123456

I confirm that this prescription is based on a valid physician-patient relationship with my patient.