



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 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.

