

**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, City, State 12345

**Gender:**

Male

**Email:**

john.smith@email.com

**Date:**

28/12/2024

**Phone Number:**

(555) 123-4567

**DR:**

Dr. Sarah Johnson

**Signature**

Registration Number:

MED-2024-789

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.