

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.