

Patient Name: John Doe

Date of Birth: 1/1/1999

Address: 123 Here, USA

Medication Name: Some medication

Strength: #

Unit: (milligrams, micrograms, units)

Quantity: 10

Dose: # of Tabs (units)

Route: Oral, spray, etc.

Frequency: Daily

Refill: 1-5

Indication:

Direction:

Provider: