

# MEDICAL CENTER & HEALTHCARE CLINIC

123 Healthcare Avenue, Medical District  
Phone: (555) 123-4567 | Email: care@medicalcenter.com

## MEDICAL PRESCRIPTION

**Prescription ID:** #42  
**Date:** May 22, 2025  
**Patient Name:**  
**Patient ID:** #33  
**Doctor:** Dr.

## PRESCRIBED MEDICATIONS

\_\_\_\_\_  
Dr.  
Physician Signature

This prescription is valid for 30 days from the date of issue. Please present this document to your pharmacist. Contact your doctor for any clarifications.