## **MEDICAL CENTER & HEALTHCARE CLINIC**

123 Healthcare Avenue, Medical District

Phone: (555) 123-4567 | Email: care@medicalcenter.com

## **MEDICAL PRESCRIPTION**

Prescription ID: #45

**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.