## PRESCRIPTION TEMPLATE

Prescription No. Prescription Date
0002 February 17, 2023

**Patient Information** 

Name Age Elsie De Carnival 32

Phone Number Date of Birth

(123) 456-7999 Wednesday, May 22, 1991

Email Gender test@gmail.com Female

Address

Allergies Notable Health Condition

Latex, tree nuts

## **List of Prescribed Medications**

Medication Name	Purpose	Dosage	Route	Frequency
PCR Covid test				
Hydroxyzine			topical	daily

Physician Name Physician Phone Number

Steve Biff (581) 828-3009

Physician Signature Physician Email

signature thegooddoctor@hotmail.com

February 19, 2023