



Prescription #2

Date: 14/08/2023

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Prescribed to:		Prescribed by:	
Patient Name:	Vinay	Name:	Dr. Danidhariya Vinay
Age/Gender:	19/male	Department:	child psychologist
Phone Number:	919265979359	Phone No:	9265979358
Email:	vinaydanidhariya04114@gmail.com		

MEDICINE NAME	DOSAGE	DURATION
dasd	das	ad
asfa	fasdfa	asdadsa

SECTION NAME	SECTION DESCRIPTION
requiredInvestigation	afsafa
prescribedMedicine	fsafsafsa
extraAdvice	asfasfasfssafas

Note: fasssa