

Carebridge

123 Medical Street, Healthcare City
Phone: (123) 456-7890 | Email: info@healthcareclinic.com
License No: MED-2024-001

MEDICAL PRESCRIPTION

Prescription ID: RX-IE5M9OMH

Patient Information

Name: Jhon

Date of Birth: N/A

Patient ID: 4

Date: December 28, 2025

Prescribing Doctor

Name: Dr. Stephen

License No: MED-12345

Specialty: General Medicine

Diagnosis

chest pain

Prescribed Medications

| Medication | Dosage | Frequency | Duration |
|------------|-------------|-----------|----------|
| panadol | As directed | Daily | 7 days |

Instructions & Notes

take twicw daily

Additional Notes:

take care

Follow-up

Follow-up Date: January 09, 2026

Purpose: Review progress and adjust treatment if necessary

?? Important: This prescription is valid for 30 days from issue date. Take medications as prescribed. Do not share medications with others. Contact your doctor immediately if you experience any adverse reactions.

Dr. Stephen

Medical License: MED-12345

Date: December 28, 2025

This is an electronically generated prescription. No physical signature required.

For verification: Scan QR code or visit our website with Prescription ID: RX-IE5M9OMH

