

# Carebridge

123 Medical Street, Healthcare City

Phone: (123) 456-7890 | Email: info@healthcareclinic.com

License No: MED-2024-001

## MEDICAL PRESCRIPTION

Prescription ID: RX-ITHWQIUA

### Patient Information

**Name:** Jhon

**Date of Birth:** N/A

**Patient ID:** 4

**Date:** December 19, 2025

### Prescribing Doctor

**Name:** Dr. Stephen

**License No:** MED-12345

**Specialty:** General Medicine

### Diagnosis

heart disease

### Prescribed Medications

Medication	Dosage	Frequency	Duration
panadol	As directed	Daily	7 days

## Instructions & Notes

cohuhe

## Follow-up

**Follow-up Date:** January 02, 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 19, 2025

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

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

© 2025 Carebridge. All rights reserved.