



# Prescription

**Emr No:**

**Patient Name:** Syed Safeer

**Age :**

**Diagnosis :**

**Date :**

No	Medicine	Dosage	Unit	Route	Frequency	Duration
1	"Tuser"	ml/g		oral	- -	50

**Note to Pharmacy :**

**Dr. Name :**

**Doctor's Sign :** \_\_\_\_\_