

Doctor Prescription (Sample)

Doctor Name:	Dr. John Smith (MBBS, MD)
Hospital/Clinic:	City Care Hospital
Address:	123 Main Street, New York, NY
Contact:	+1 234 567 890
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Patient Name:	Jane Doe
Age:	32
Gender:	Female
Date:	09-09-2025

Prescription:

1. Tab. Paracetamol 500mg – 1 tablet twice daily after meals (5 days)
2. Tab. Amoxicillin 500mg – 1 tablet three times daily after meals (7 days)
3. Syrup Cough-Relief – 10ml at night before sleep (5 days)

Advice:

- Drink plenty of water
- Take adequate rest
- Follow-up after 7 days

Doctor Signature: _____