Medical Prescription Sheet

APEX FAMILY HEALTH

CLINIC ADMINISTRATION

APEX
FAMILY HEALTH

Medical Prescription

Apex Family Health
Flat 204, Pocket-1, Sec-9, Dwarka, New Delhi – 110077
+91-9876234510
care@apexfamilyhealth.inv

Prescription Number: RX-001
Date: July 22, 2025
Time: 3:40:38 PM

Patient Information:

Name: [Patient Name]
Date of Birth: [DD-MM-YYYY]
Address: [Patient Address]
Phone: [Patient Phone Number]
Allergies: [List Allergies or None]

Physician Information:

Name: [Dr. Physician Name, MD]
License No. [34XXXXX]
Signature: _____

Medication Details:

Medication	Dosage	Frequency	Duration	Refills	Notes
Amoxicillin	500 mg	BID	10 Days	0	Sample Note 1
Ibuprofen	400 mg	PRN	As needed	2	Sample Note 2
Atorvastatin	20 mg	Once Daily	Ongoing	6	Sample Note 3
Cetirizine	10 mg	Once Daily	30 Days	1	Sample Note 4
Metformin	500 mg	BID	Ongoing	3	Sample Note 5
Omeprazole	20 mg	Once Daily	14 Days	0	Sample Note 6

Instructions for patient:

- Take medications as prescribed; do not skip doses.
- Contact the clinic if side effects occur.
- Keep medications out of reach of children.

Pharmacy Notes:

Please verify patient allergies before dispensing. Contact Dr. [Physician Name] at [+919878XXXXXX] for clarifications.

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