

Test Hospital

123 Test Street, City
Phone: 1234567890
Email: nishalyadav.p@gmail.com
Health for Health

PRESCRIPTION

Patient Name: Nishal
Age/Gender: 50 years, male

Date: 5/18/2025

Rx: 123123456456
123123456879

Doctor's Signature:

Test Hospital

This is a digital prescription generated by Doctertia Health Platform.