

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.