

Test Hospital

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

PRESCRIPTION

Patient Name: Nishal
Age/Gender: 25 years, male

Date: 5/18/2025

Diagnosis: dsasd

Rx: sdadas
sdasdas
asdads

Doctor's Signature:

Test Hospital

This is a digital prescription generated by Doctertia Health Platform.