

# Medical Prescription

Name of the Patient:

Date of Birth

Age:

Contact Details: \_\_\_\_\_ [mention complete contact details of a patient]

Date: \_\_\_\_\_ [mention the date on when the prescription is being written]

Diagnosed with: \_\_\_\_\_ [Name of the illness that the patient is suffering from]

Blood Pressure:

Pulse rate

Drug

Unit (tablet, or syrup)

Dosage (per day)

Examination to be done (if any): \_\_\_\_\_ [Mention the name of the examination that a patient needs to do.]

Things to follow: \_\_\_\_\_ [Mention if there are any health regimes a patients needs to follow regular]

Signature of the physician:

Date: