

# Prescription Report

**Patient:** Jane Smith

**Doctor:** Dr. Alice

**Date:** 27-Aug-2025

**Visit Type:** follow up

## Prescriptions

Medicine	Dosage	Start Date	End Date
Aspirin	500 mg	22-Aug-2025	22-Aug-2025
Paracetamol	100 mg	28-Aug-2025	28-Aug-2025
Ibuprofen	400mg	27-Aug-2025	27-Aug-2025