

PRESCRIPTION

Patient Information:

Name: John Doe

Date of Birth: January 15, 1985

Address: 123 Main Street, Cityville, CA

Phone Number: (555) 123-4567

Doctor Information:

Doctor's Name: Dr. Sarah Smith

Medical License Number: MD123456

Clinic/Hospital Name: City Health Clinic

Contact Information:

dr.smith@example.com

Prescribed Medications:

No.	Name	Dosage	Frequency	Duration
1	Aspirin	500mg	1 tablet every 4 hours	5 days
2	Amoxicillin	250mg	Take 1 capsule every 8 hours	10 days

Additional Instructions:

- Take medications with food.
 - Avoid alcohol while on medication.
 - If symptoms worsen or allergic reactions occur, seek immediate medical attention.
 - Follow up with your primary care physician in two weeks.
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Doctor's Signature: Dr. Sarah Smith

Date: October 5, 2023