

PRESCRIPTION TEMPLATE

Prescription No.

0001

Prescription Date

November 8, 2021

Patient Information

Name

Anne Burton

Age

30

Phone Number

(123) 123-4567

Date of Birth

Wednesday, November 8, 1989

Email

anne.burton@noemailtest.com

Gender

Female

Address

1372 Payne Street
Richlands, VA, 24641

Allergies

Seafood

Notable Health Condition

None

List of Prescribed Medications

| Medication Name | Purpose | Dosage | Route | Frequency |
|-----------------|---------------------|----------|-------|---------------|
| Expectorant | Removes phlegm | 1 tablet | Oral | Every 4 hours |
| Paracetamol | For fever | 1 tablet | Oral | Every 4 hours |
| Anti-biotic | Bacterial infection | 500mg | Oral | Every 8 hours |
| Vitamin C | Immune system | 500mg | Oral | Once a day |
| Vitamin D | Immune System | 1 tablet | Oral | Once a day |

Physician Name

Leslie Holden

Physician Phone Number

(112) 312-3456

Physician Signature



Physician Email

leslie.h@noemail.com

November 9, 2021