

# Health Clinic

123 Main St  
Phone: +1234567890

**Dr. Dr. Name**  
License No: LIC12345

## Patient Information:

Name: Sanju  
Age: 30 years  
Gender: N/A  
Email: sanju@gmail.com  
Date: November 15, 2025



## Prescription:

Medication	Strength	Form	Dose	Frequency	Route	When
Paracetamol	500 mg	tablet	1 tablet	Twice daily	oral	after food

Note: Take with plenty of water. Do not exceed 4 tablets per day.

## Notes for Patient:

Take the medication as prescribed. Rest well and stay hydrated. If symptoms persist or worsen, contact the clinic immediately.

## Clinic Instructions:

Monitor patient response. Advise to return if fever persists beyond 3 days.

**Follow-up Date: 22/11/2025**

**Refill Allowed: No**

Prescription ID: presc\_022064cacfeb4784b224008388ed7aa1

Download URL: [http://localhost:3000/api/prescriptions/presc\\_022064cacfeb4784b224008388ed7aa1](http://localhost:3000/api/prescriptions/presc_022064cacfeb4784b224008388ed7aa1)

Dr. Dr. Name  
License: LIC12345  
Date: November 15, 2025

This prescription was issued electronically by Dr. Dr. Name. Contact +1234567890 for any clarifications.

This prescription is provided for the named patient and must be used as directed. For emergencies, contact your local emergency services.

Prescription ID: presc\_022064cacfeb4784b224008388ed7aa1 | Generated: 2025-11-15T10:38:49.602Z