

# 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	twice daily	oral	after food

Follow-up Date: 20/11/2025

Refill Allowed: Yes

Prescription ID: presc\_9caaa7e119a44f6ea41398aad9fc53e7

Download URL: [http://localhost:3000/api/prescriptions/presc\\_9caaa7e119a44f6ea41398aad9fc53e7](http://localhost:3000/api/prescriptions/presc_9caaa7e119a44f6ea41398aad9fc53e7)

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\_9caaa7e119a44f6ea41398aad9fc53e7 | Generated: 2025-11-15T09:15:53.071Z