

Health Clinic

123 Main St
Phone: +1234567890

Dr. Dr. Name
License No: LIC12345

Patient Information:

Name: Sonu
Age: 30 years
Gender: N/A
Email: sonu@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_e00d42d168164efa85a846b30c793381

Download URL: http://localhost:3000/api/prescriptions/presc_e00d42d168164efa85a846b30c793381

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_e00d42d168164efa85a846b30c793381 | Generated: 2025-11-15T09:27:32.096Z