

# 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\_82fe1321d7a64ac8b97d5d873a419ea6

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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\_82fe1321d7a64ac8b97d5d873a419ea6 | Generated: 2025-11-15T11:02:49.658Z