Patient Name: John Doe

Email: john.doe@example.com

Phone: 123-456-7890 SSN: 123-45-6789

## Medical Report:

John Doe visited the clinic on 2023-10-01. He reported symptoms of headache and dizziness. After a thorough examination, it was determined that he has a mild case of dehydration. He was advised to drink plenty of fluids and rest. A follow-up appointment was scheduled for 2023-10-15.

## Prescriptions:

- 1. Ibuprofen 200mg Take one tablet every 6 hours as needed for pain.
- 2. Electrolyte Solution Drink one bottle per day.

## **Emergency Contact:**

Jane Doe

Phone: 987-654-3210

Email: jane.doe@example.com