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PATIENT DETAILS

Patient Name : dev123
DOB : 01-01-2023
Address : Mohali punjab

QTY	PRODUCT NAME	PACK SIZE	DIRECTIONS
1	Minoxidil solution	Minoxidil solution	Minoxidil solution

PRESCRIBER DETAILS

Name : tester
Registraton Number : 122
Mobile Number : 8758478548
Date : 09/06/23

Digitally Signed Prescription By

- By signing this prescription, you confirm that you are aware of and accept clinical responsibility for all items prescribed for your a0G8d00000AGdcnEADpatient. You also confirm that a face-to-face consultation has taken place and that you agree to Acre Pharmacy terms and conditions presented on the pharmacy website.

- If you have any questions, please call 0144444015 or email info@pharmacy.com



I confirm that I have evaluated the competency, training and insurance of the 3rd party practitioner and confirm they are suitable to administer the treatment to the named patient.

Name	Email	Phone	Category
dev	dev123@yopmail.com	6393027818	Beard

Question	Answer	Details
Identify your birth gender	male	NA
Please indicate your age group	18-65	NA
Describe your current beard growth	slow-or-patchy-growth	NA
Have you observed any sudden changes in your beard growth	no	NA
Have you used minoxidil in the past 12 months	no	NA
Do you have a known allergy to minoxidil	no	NA
Do you have sensitive or damaged skin, or a diagnosed skin condition in the beard area	no	NA
Have you been diagnosed with high or low blood pressure	no	NA
DO YOU SMOKE	no	NA
Have you had any of the following	No	NA
Would you like to inform your gp about this consultation	no	NA

Image Product Name Price



Minoxidil solution 200

Handwritten signature or initials.