



# Private Prescription

## PATIENT DETAILS

Patient Name : dev123

DOB : 01-01-2023

Address : Mohali punjab

| QTY | PRODUCT NAME       | PACK SIZE | DIRECTIONS     |
|-----|--------------------|-----------|----------------|
| 1   | Minoxidil solution | 1         | Not Applicable |

## PRESCRIBER DETAILS

Name : tester

Registraton Number : 122

Mobile Number : 8758478548

Date : 09/06/23

Profession : GPhC

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](mailto: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.