



# Private Prescription

## PATIENT DETAILS

Patient Name : Ksmdksm

DOB : 1984-07-26

Address : Owo

QTY	PRODUCT NAME	PACK SIZE
3	Priligy	3

## PRESCRIBER DETAILS

Name : tester

Registraton Number : 20d24b29

Mobile Number : 8758478548

Date : 29/08/23

Profession : GPhC

Digitally Signed Prescription By Tester  
tester

20d24b29

• 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  
Contact [Info@agenthealth.co.uk](mailto:Info@agenthealth.co.uk)



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.