



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

Image Product Name Price



Minoxidil solution 200