



# Private Prescription

## PATIENT DETAILS

Patient Name : dev123

DOB : 1999-09-09

Address : 45 t west sd11

QTY	PRODUCT NAME	PACK SIZE	SUBSCRIPTION
8	Tadalafil 20mg 8 Tablets	8	in progress

## PRESCRIPTION

Tadalafil 20mg 8 mdu

## PRESCRIBER DETAILS

Name : tester

Registraton Number : 20d24b29

Mobile Number : 8758478548

Date : 29/09/23

Profession : GPhC

Digitally Signed Prescription  
Doctor Pin: 12434

- By signing this prescription, you confirm that you are aware of and accept clinical responsibility for all items prescribed for your patient. And you agree to all term and conditions for prescribing.

- 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.

