



Private Prescription

PATIENT DETAILS

Patient Name : Tester new

DOB : 1992-03-05

Address : Rainham

QTY	PRODUCT NAME	PACK SIZE	SUBSCRIPTION
1	Agent 2 in 1 combination spray	1	in progress

PRESCRIPTION

erwerwer

PRESCRIBER DETAILS

Name : tester

Registraton Number : 20d24b29

Mobile Number : 8758478548

Address: Test Address

Date : 06/10/23

Profession : GPhC

Digitally Signed Prescription
Doctor Pin: 34234

- 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



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.