



Private Prescription

PATIENT DETAILS

Patient Name : dev123

DOB : 1999-09-09

Address : 45 t west sd11

| QTY | PRODUCT NAME | PACK SIZE | SUBSCRIPTION |
|-----|--|-----------|--------------|
| 1 | Full Beard Growth Kit with topical spray | 1 | in progress |

PRESCRIPTION

79879

PRESCRIBER DETAILS

Name : tester

Registraton Number : 20d24b29

Mobile Number : 8758478548

Address: Test Address

Date : 06/10/23

Profession : GPhC

Digitally Signed Prescription
Doctor Pin: 789

• 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.