



Private Prescription

PATIENT DETAILS

Patient Name : Hellson ksdmakn

DOB : 1995-08-29

Address : Ajsdn

QTY	PRODUCT NAME	PACK SIZE
14	Minoxidil solution(Hair)	14

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



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.