



# Private Prescription

## PATIENT DETAILS

Patient Name : Iceman ade

DOB : 1990-03-10

Address : London

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

## PRESCRIPTION

1ml bd mdu

## PRESCRIBER DETAILS

Name : Isaac Adelakun

Registraton Number : 3669741b

Mobile Number : 07825565502

Address: GF5, B11 , Thames industrial park, Rm18 8rh

Date : 13/10/23

Profession : GPhC

Digitally Signed Prescription  
Doctor Pin: 2211624

• 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.