



Private Prescription

PATIENT DETAILS

Patient Name : tester

DOB : 1999-09-09

Address : Test Address

QTY	PRODUCT NAME	PACK SIZE	SUBSCRIPTION
1	Agents minoxidil Spray	1	in progress

PRESCRIPTION

1ml bd

PRESCRIBER DETAILS

Name : Isaac Adelakun

Registraton Number : 3669741b

Mobile Number : 07825565502

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

Date : 11/10/23

Profession : GPhC

Digitally Signed Prescription
Doctor Pin: GHPHCL 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



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.