



Private Prescription

PATIENT DETAILS

Patient Name : dev123

DOB : 1999-09-09

Address : 54423 Gaylord RampHansenshire, GA
56520-5761

QTY	PRODUCT NAME	PACK SIZE
0	Minoxidil solution(Hair Dropper)	0

PRESCRIPTION

hi therer

PRESCRIBER DETAILS

Name : tester

Registraton Number : 20d24b29

Mobile Number : 8758478548

Date : 30/08/23

Profession : GPhC

Digitally Signed Prescription By Tester
4521

- 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.