



Private Prescrip tion

PATIENT DETAILS

Patient Name : dev123

DOB : 01-01-2023

Address : Mohali punjab

| QTY | PRODUCT NAME | PACK SIZE | DIRECTIONS |
|-----|--------------------|-----------|----------------|
| 1 | Minoxidil solution | 1 | Not Applicable |

PRESCRIBER DETAILS

Name : tester

Registraton Number : 122

Mobile Number : 8758478548

Date : 09/06/23

Profession : GPhC

Digitally Signed Prescription By

A handwritten signature in black ink, appearing to be 'dwt', is displayed within a white rectangular box.

- 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 call 0144444015 or email info@pharmacy.com



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.