## **HEALTH CHOICE CLINIC**

[Riverside St, Bingham, NY 130, USA]
[youremail@companyname.com / yourwebsite.com]



Michelle Richardson, FNP-C Prescription no.: [3810BN00]

Date: 04/15/2033

(910)332-0701

[[INSERT MEDICINE NAME],500 mg; 5 tablets, After meals]

[Paracetamol, 500 mg; Once A Day]

[Ibuprofen, 600 mg; Thrice A Day, After Meal]

[Naproxen Sodium, 500 mg; Once A Day]

Mr./MS/Mrs. [Jeffrey S. Brown]

Age: [22]

Address: [Matthew Rd, Vestal, NY 135, USA]

Contact Num.: [320-988-3840]