

Medical Prescription

Name of the Patient: _____

Date of Birth: _____

Age: _____

Contact Details:
[details of a patient]

[mention complete contact]

Date:
[written]

[mention the date on when the prescription is being written]

Diagnosed with:
[disease that the patient is suffering from]

[Name of the]

Blood Pressure: _____

Pulse rate: _____

Drug

Unit (tablet, or syrup)

Dosage (per day)

Examination to be done (if any):
[name of the examination that a patient needs to do]

[Mention the]

Things to follow:
[health regimes a patients needs to follow regular]

[Mention if there are any]

Signature of the physician: _____

Date: _____