

Prescription

Patient Information

Name: 1

Date of Birth: 1990-02-01

Email: shrinidhi.workprofile@gmail.com

Phone: 9876543210

Doctor Information

Name: Dr. Shrunga Gowda

Specialization: MBBS, MD

Email: shrunga@example.com

Phone: 9876543212

Prescription Details

Generation Date: 2024-10-22 00:00:00.0

Details:

Drink more water

Signature of Doctor: _____ Dr. Shrunga Gowda _____

Date: _____ 22-Oct-24 _____

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