

Prescription

Patient Information

Name: 1

Date of Birth: 1990-02-01

Email: shrinidhi.workprofile@gmail.com

Phone: 9876543210

Doctor Information

Name: Dr. Rajesh Sharma

Specialization: MBBS, MD

Email: rajesh.sharma@example.com

Phone: 9876543210

Prescription Details

Generation Date: 2024-11-04 00:00:00.0

Details:

Drink fruit juices

Signature of Doctor: _____ Dr. Rajesh Sharma _____

Date: _____ 04-Nov-24 _____

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