

Prescription

Patient Information

Name: shrinidhi

Date of Birth: 2002-01-15

Email: shrinidhi.workprofile@gmail.com

Phone: 9483178594

Doctor Information

Name: Dr. Arun Chatterjee

Specialization: Neurologist

Email: arun.chatterjee@example.com

Phone: 9123456784

Prescription Details

Generation Date: 2024-10-14

Details:

You have really good health, drink more water.

Signature of Doctor: _____ Dr. Arun Chatterjee _____

Date: _____ 21-Oct-24 _____

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