HealthCare Clinic

123 Wellness Street, MedCity, Country

Phone: (555) 123-4567

Prescription

Patient: John Doe

Date of Birth: ___/___/____

Patient ID: 1001

Prescription Details

Patient Name: John Doe

Age: 45

Prescription: Amoxicillin 500mg

Dosage: Twice a day for 7 days.

Doctor's Signature: _____

Date: _____