HealthCare Clinic

123 Wellness Street, MedCity, Country

Phone: (555) 123-4567

Prescription Patient: Alice Blue Date of Birth: ___/____ Patient ID: 1008 Prescription Details Patient Name: Alice Blue Age: 50 Prescription: Levothyroxine 75mcg Dosage: Once a day before breakfast. Doctor's Signature: _______

Date: _____