

HealthCare Clinic

123 Wellness Street, MedCity, Country

Phone: (555) 123-4567

Prescription

Patient: Jane Roe

Date of Birth: ____/____/____

Patient ID: 1002

Prescription Details

Patient Name: Jane Roe

Age: 29

Prescription: Ibuprofen 200mg

Dosage: Three times a day for 5 days.

Doctor's Signature: _____

Date: _____