

Student No./Employee No.: **1011901038**

Patient: **DOE, STU JOHN M.**

Birthdate: **4/25/2021** Sex: **MALE**



Date: 3/4/2022

Symptoms

- > flu
- > fever

Diagnosis

- > diagnose 1
- > diagnose 2

Laboratory Results (if any) [verify here](#)

- > laboratory 1
- > laboratory 2

Prescription [verify here](#)

>Rx

10/26/2021

Ibuprofen 100mg 3x a day for 2 weeks

Prescribe by:DR NAME MNAME. APP

>Rx

9/26/2021

Ibuprofen 200mg 2x a day for 1 week

Prescribe by:DR NAME MNAME. APP

DR NAME MNAME. APP
Licensed No.:987654321
PTR No:123456

This is an official Medical Record of STU JOHN M. DOE from Anorico Health Care Center [you can verify the validity of this document here](#)