

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

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

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



Date: 12/26/2021

Prescription [verify here](#)

>Rx

12/26/2021

100mg 3x a day for 2 weeks

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