

Student No./Employee No.: **M2021-100221**

Patient: **APP, FACULTY ONE .**

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



Date: 3/15/2022

Prescription [verify here](#)

>Rx

12/26/2021

100mg 3x a day for 2 weeks

Prescribe by: DENTIST NAME MNAME. APP

DENTIST NAME MNAME. APP

Licensed No.: 987654321

PTR No: 123456

This is an official Medical Record of FACULTY ONE . APP from Anorico Health Care Center [you can verify the validity of this document here](#)