

Dr. Anil K. Sharma, MBBS

Sunrise Medical Clinic

12, MG Road, Indore - 452001 | Phone: +91-XXXXXXXXXX

Patient Name: Mr. John Doe

Patient ID: ABC123456

Age / Gender: 35 / Male

Date: 02 November 2025

PRESCRIPTION (Rx)

S.No	Medicine (Name & Strength)	Dosage / Instructions	Qty
1	Paracetamol 500 mg	1 tablet TDS after food	15
2	Amoxicillin 500 mg	1 capsule TDS for 5 days	15
3	Cough Syrup 100 ml	10 ml TDS	1 bottle

Notes / Warnings:

- Take medicines with food unless advised otherwise.
- Return for follow-up after 5 days or if symptoms worsen.
- Do not consume alcohol with these medicines.

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MBBS | Reg. No: MP/12345

