

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.

Dr. Anil K. Sharma
MBBS | Reg. No: MP/12345

CLINIC STAMP