

PRESCRIPTION TEMPLATE

Prescription No.

IN

Prescription Date

September 22, 2003

Patient Information

Name

Kevyn Stollard

Age

2

Phone Number

(123) 123-4567

Date of Birth

Monday, May 15, 1967

Email

awaples0@auda.org.au

Gender

Female

Address

85 Debra Way
Macon, Ge, 31205

Allergies

Fusce c

Notable Health Condition

Null

List of Prescribed Medications

Medication Name	Purpose	Dosage	Route	Frequency
Expectorant	Removes phlegm	1 tablet	Oral	Every 4 hours
Paracetamol	For fever	1 tablet	Oral	Every 4 hours
Anti-biotic	Bacterial infection	500mg	Oral	Every 8 hours
Vitamin C	Immune system	500mg	Oral	Once a day
Vitamin D	Immune System	1 tablet	Oral	Once a day

Physician Name

Margaretha Fenge

Physician Phone Number

(112) 312-3456

Physician Signature



Physician Email

awaples0@auda.org.au

June 25, 2001