## **Prescription**

| Doctor's Name          | Medical license number |
|------------------------|------------------------|
| Address                |                        |
| Phone number           | Email address          |
| Patient information    |                        |
| Name                   | Date of birth          |
| Address                |                        |
| Phone number           | Email address          |
| Insurance information  |                        |
| Prescription           |                        |
| Medication/s           |                        |
| Dosage                 |                        |
| Frequency and duration |                        |
| Instructions           |                        |

| Additional notes            |      |
|-----------------------------|------|
|                             |      |
|                             |      |
|                             |      |
|                             |      |
| Doctor's name and signature | Date |