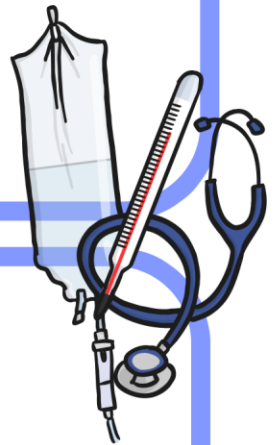


# Prescription

Medicine and tablet details



Patient name

Doctors signature \_\_\_\_\_