

Medical Prescription

Patient Name: John Doe
Age: 30
Gender: Male
Date: 17-Apr-2026

Doctor: Dr. Smith
Clinic: City Care Hospital

Medicine	Dosage	Duration
Paracetamol	500 mg twice daily	5 days
Amoxicillin	250 mg three times daily	7 days
Vitamin D	Once daily	10 days

Doctor's Signature: _____