

PRESCRIPTION



DOCTOR'S NAME:

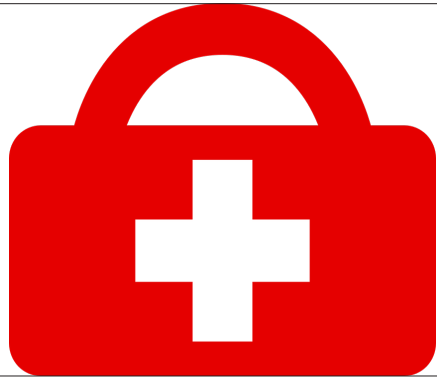
ADDRESS:

TEL.:

PATIENT'S NAME:

AGE:

ADDRESS:



HEALTH PROBLEM:

TREATMENT:

RECOMMENDATIONS:

PRESCRIPTION



DOCTOR'S NAME:

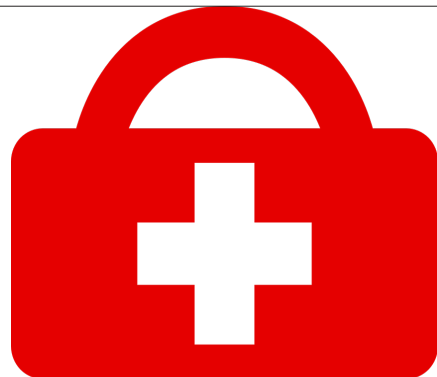
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HEALTH PROBLEM:

TREATMENT:

RECOMMENDATIONS: