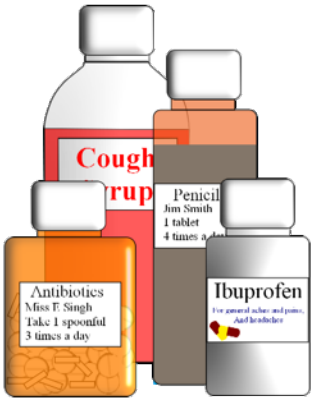
Doctors Surgery
PRESCRIPTION

Medicine and tablet details



Doctor's Signature _____

Patient name and address

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