

Dr. FIRST AND LAST NAME

Registered with the *Medical Board as appropriate plus registration number*

Full Postal address here

Tel: +INCLUDING COUNTRY CODE

Email: doctor@gendergp.com

Date

26/04/2021

Unique ID = ggp-XXX-##,###

BLANK EXAMPLE

Patient name

Legal name

Address

Date of birth

PRESCRIPTION:

BLANK EXAMPLE

Full name of medicine - dose and strength - quantity

Prescribed by: **NAME OF DOCTOR**

Signature here



Please use your phone camera to view this QR Code to check the validity of this prescription and to contact or verify the prescriber.

