Fax Number:

Prescription Date: Dec 12, 2025

Patient Name	Address	Health card no	Patient DOB
Kamaxi P	edmonton	22222222222222	01/05/1999
Patient Contact Details **Email:** kamaxi+pat@knovator.com **Phone:** +91 8160996290	**Referred By** -	**Consulting Provider** Kamaxi Provider	**License No** 32423444

Prescription

Medication	Instruction	Quantity	Refill	Dosage form
Dollo	-	9	18	1

Kamaxi Provider