

Chronic Disease Management Prescription Template

Patient Information

Patient Name

Full Name

Date of Birth

YYYY-MM-DD

Patient ID / MRN

e.g., 123456

Contact

Phone Number / Email

Address

Address

Diagnosis & Disease Details

Diagnosed Chronic Disease(s)

List diagnosis (e.g., Hypertension, Diabetes)

Relevant Clinical Notes

Summary of clinical findings or notes

Prescription

Medication	Dosage	Frequency	Duration	Notes
e.g., Metformin	e.g., 500mg	e.g., BID	e.g., 3 months	Instructions

Additional Care Instructions

Lifestyle advice, monitoring plan, referrals, etc.

Physician's Signature & Stamp

Date

