BAHR EL GHAZAL CLINIC

Your Health, Our Priority

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Email: bahr.ghazal.clinic@gmail.com

PRESCRIPTION

| Patient: Ayele Eshete | Date: 8/13/2025 | |
|---|---------------------------------|--------------------|
| Patient ID: GC1 | Phone: 4693146648 | |
| Age: Not specified years | Village: Not specified | |
| Rx (Treatment Plan): | | |
| mmm | | |
| | | |
| This prescription is valid for 30 days from o | date of issue | |
| Aweil, South Sudan www.bahrelghazalclinic.com | n info@bahrelghazalclinic.com | |
| © 2025 Bahr El Chazal Clinic | | Doctor's Signature |