



Investing in our future



2740600

FEDERAL MINISTRY OF HEALTH ABUJA
NATIONAL MALARIA CONTROL PROGRAM
HEALTH FACILITY MALARIA PRESCRIPTION FORM

DATE	10/04/07			
NAME OF HEALTH FACILITY	Isolo PHE			
PATIENT CARD NUMBER	291/07			
SURNAME OF PATIENT	[REDACTED]			
FIRST NAME	[REDACTED]			
ADDRESS	[REDACTED] ne. St			
COMMUNITY	[REDACTED]			
	ACT	IPT	ITN	OTHERS
6 MON TO 3 YEARS	1 Sachet			
4 - 8 YEARS				
9 - 14 YEARS				
>14YEARS				
PREGNANT WOMEN				

SIGNATURE OF PRESCRIBER/PROVIDER:..... *[Signature]*

SIGNATURE OF DISPENSER:..... *[Signature]* Date: 10/04/07

SIGNATURE OF PATIENT:..... *[Signature]* THUMB PRINT