Dr Name : Name Dr Depart : Department Date : dd/mm/yyyy	Prescription ID : Per Number Patient Name : omar Patient Age : 23		
Medicine Name Medicine Usage	Price	Count	Edite
abevac 1mg/ml vial	vaccine	10.00	8
abilaxine 5mg 5 infantile supp.	laxative	3.20	1 0
micardis 40 mg 28 tabs.	antihypertensive.angiotensin blocker	150.00	2
1 2 3 (one two three) syrup 120 ml	cold drugs	19.50	3
micardis plus 80/25 mg 28 tab antihy	pertensive. combined angiotensin blocker with diuretic	160.00	4
8 Print			