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Patient _____ Age _____ Sex _____

Address _____ Date _____

| Medicine | Dose | Amount | Reminder |
|---------------------|-----------|--------|--------------------------------|
| Medicine 1 | 20 mg | 14 | Take twice a day for 7 days |
| Long medicine name2 | 100 mg | 7 | Take once a day for 7 days |

Lic No. _____

PTR No _____

S2 No _____