

Medical Prescription

Patient Details:

Name: _____

Age: _____ Gender: _____

Date: ____/____/____

Diagnosis:

Food Poisoning - Symptoms include nausea, vomiting, diarrhea, and stomach pain.

Medications:

- ORS (Oral Rehydration Solution) - Mix with water and sip frequently.
- Ondansetron 4mg - Take every 8 hours for nausea and vomiting.
- Metronidazole 400mg - Take twice daily for 5 days (if bacterial infection suspected).
- Paracetamol 500mg - Take every 6 hours for fever or pain.

Dietary Recommendations:

- Drink plenty of fluids (ORS, coconut water, herbal tea).
- Eat light, bland foods (bananas, rice, toast, boiled potatoes).
- Avoid dairy, fatty, and spicy foods until recovery.
- Rest and avoid dehydration.

Doctor's Signature: _____