**Document Type: Unknown** 

Summary:

This structured data represents a prescription with the unique identifier DEAGB05455616, issued by

LIC4976269. The prescribed medications are to be obtained from MEDICALCENTRE located at

82414 "Street", NewYork, NY 91743, USA.

The patient named EouAlSaine is to take four different medications:

1. Ace appress/6Z Example stW7 pate09-/-IZ in the dosage form of Betsloe100mg-1tab, twice a day

(BID).

2. Dorzelamidum 10 aE in the dosage form of / tab, to be administered four times a day (BD).

3. GrettclieSO mg-Z, dosage form t.bsTID.

4. Oxprelol 50mg eitab with quantity QQ.

The prescription was issued by Dr. S DeSiauelnen and bears the signature "i signature". The prescription number is SJCREFILL-0(123.45PRN, and the pharmacy's contact number is 1-889-422-0700. This is the third version of the prescription. The label for the medication is z

OLABEL.

## **Extracted Data:**

PrescriptionId:

DEAGB05455616

IssuingEntityId:

LIC4976269

PharmacyName:

**MEDICALCENTRE** 

PharmacyAddress:

Street:

82414"Street

City:

```
NewYork
  State:
    NY
  ZipCode:
    91743
  Country:
    USA
PatientName:
  EouAlSaine)
Medications:
  - Item 1:
    Name:
       ace appress/6Z Example stW7 pate09-/-IZ
    DosageForm:
       Betsloe100mg-1tab
    Frequency:
       BID
  - Item 2:
    Name:
       Dorzelamidum 10 aE)
    DosageForm:
       /tab
    Frequency:
       BD
  - Item 3:
    Name:
       GrettclieSO mg-Z
    DosageForm:
       t.bsTID
  - Item 4:
    Name:
       Oxprelol 50mg eitab
    Qty:
```

QQ
PrescribingDoctor:
S DeSiaueInen
Signature:
i signature
Label:
z OLABEL
PrescriptionNumber:
SJCREFILL-0(123.45PRN
PhoneNumber:
a 1-889-422-0700

Version:

3