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多祝镇卫生院处方笺

就诊时间:2025-02-16

姓名:xxx 性别:xxx 年龄:xxx

临床诊断:

地址: 电话:xxxx

Rp.

|  |  |  |
| --- | --- | --- |
| 1 | 茶碱缓释片 | 0.1g\*24/片/盒 数量: 24片 |
| 用法:口服 | 每次:0.02g | 每日2次 服用天数6天 |

医师: xxx

药品金额: ¥xxx