



## Medication Prescription

Date: 18-01-2021

**Patient** Mrs. Jerome Smith  
**Patient ID** PAT-1-7400905687-Jerom-S  
**Prescription ID** MED-1610956101862

- 1 Tylenol 8 HR Arthritis Pain: 650 mg 1 Tablet  
3 Daily - Morning, Afternoon, Night  
Oral | 5 Days  
Instructions : If there is reaction or allergy, please contact immediately.
- 2 Paracetamol 250 mg 1.5 Tablet  
Daily - Morning, Evening  
Oral | 10 Weeks  
Instructions : If there is reaction or allergy, please contact immediately.
- 3 Paracetamol 250 mg 1.5 Tablet  
Daily - Morning, Evening  
Oral | 2 Weeks  
Instructions : If there is reaction or allergy, please contact immediately.
- 4 Tylenol 8 HR Arthritis Pain: 650 mg 1 Tablet  
3 Daily - Morning, Afternoon, Night  
Oral | 5 Days  
Instructions : If there is reaction or allergy, please contact immediately.

