

**Dexamethasone Phosphate inj 4mg/mL
for**

Dispensed Qty. 1 UHID. 20000086

Patient Name. **Mr. CYPRIAN OMBASO**

Date . **2/16/2022 7:03:56PM**

Caution. **Keep In Cool Place**

Tenwek Hospital , Bomet County, Kenya

Tel: +254-728-091-900



**Omeprazole 20mg Caps
for**

Dispensed Qty. **10** UHID. **20000086**

Patient Name. **Mr. CYPRIAN OMBASO**

Date . **2/16/2022 7:03:56PM**

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**Paracetamol Infusion 10mg/ml. 100mL
for**

Dispensed Qty. **15** UHID. **20000086**

Patient Name. **Mr. CYPRIAN OMBASO**

Date . **2/16/2022 7:03:56PM**

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**SALBUTAMOL NEBULIZER PER ML
for**

Dispensed Qty. **10** UHID. **20000086**

Patient Name. **Mr. CYPRIAN OMBASO**

Date . **2/16/2022 7:03:56PM**

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