

# MEDISAFE PRESCRIPTION

**Prescription #:** 16

**Date:** 11/16/2025

---

**Patient:** MARIA ANNA ALIBANIA

**Doctor:** Rhea Lynne Paredes

**Specialization:** OBGYNE

**License #:** 0912383129

## Prescribed Medicines:

### Paracetamol

**Dosage:** 500mg

**Frequency:** Twice daily

**Duration:** 5 days

## Special Instructions:

Okay Drink Medicine

## Follow-up Information:

**Follow-up Date:** 2025-11-11

**Follow-up Instructions:** Okay

---

**Doctor's Signature:**

A handwritten signature in black ink, appearing to be 'C. King', is displayed within a rectangular box.

**Date:** 11/16/2025