

PRESCRIPTION

Patient Information

Employee No: CSLS000102

Patient Name: MURUGAN

Date: 25/09/2025

Rx

Tablets

1. Paracetamol (Calpol) - 500mg

Qty: 10 | Serving: 1

Sig: Timing: Morning, AN, Night | Food: BF | Days: 5

Expiry: 2026-08-01

2. Amoxicillin + Clavulanic Acid (Augmentin) - 650mg

Qty: 10 | Serving: 1

Sig: Timing: Morning, Night | Food: AF | Days: 5

Expiry: 2026-02-01

Doctor's Signature