## Ora Owen

Regional Hospital

Laboriosam velit qu - siciid Tel: +1 (137) 529-4869 | Email: muroji@mailinator.com

PRESCRIPTION	Date:
I KESOKII I JON	28/05/2025

DIS-20250528-0001

Phone: 907996021

Patient Name: Abdirahman Buryar

## Diagnosis

Dwadani waa dhamaan wixii uu qabay.



#	MEDICATION	DOSE	FREQUENCY	DURATION	START DATE	QUANTITY
1	Shacabka	3 units	2 times/day	7 days	21/05/2025	42 units

Dispenced By: Super Admin

Dispence Date: 28/05/2025 10:08