

| # | Name | Brand | Dose | When | Frequency | Duration |
|---|--------------------|-------|--------|----------------------------------|-----------|----------|
| 1 | Diclofenac tablet | | | | | |
| 2 | Diclofenac capsule | | | after meal | | 10 days |
| 3 | Paracetamol tablet | | 500 mg | | 1x3 | |
| | | | | حبة واحدة مرتين يوميا بعد الطعام | | |
| 4 | Diclofenac tablet | Olfen | | | | 10 days |