



Babu - ZIN1LD0FG9
Medical Officer

Patient Name : Arun V
Patient ID : IN9816VANP
Patient Age : 21Y 6M 27D
Gender : Male

Date: 20 Dec 2019

Medicine Name	Form	Strength	Dose	Route	Frequency	Limits	Duration
Cefotaxime	Injection	1000mg/vial	1000mg	IV/IM	12 hourly		10 days
Metronidazole	Injection	5mg/ml	100ml	IV Infusion	8 hourly		10 days
Normal Saline	Injection	0.90%	50-100ml/Hr	IV Infusion	hourly		Till oral intake is resumed

Advice(s)

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