Black Ice Software LLC

Demo version

Rotunda Hospital Parnell Square Dublin DO1 P5W9 018171700

Patient Name GAVINA CERT

Birthdate: 02/05/1990 Age: 31 years Sex: Female Hospital Number/MRN: H04010251

Weight: Date of Weight:

Patient Address:

14 TEST LANE, DUBLIN 1

Consultant: Ward/Department: RH-TEB BOOKING

BVTEB

Known Allergies: Codeine.

Prescription Details: Date Written/Issued: 21/02/2022

Rx: Metronidazole tablet Order ID: 229818149

400 mg oral every TWELVE hours for 1 week

Indication: Bacterial Vaginosis

Prescriber's Signature: Date Printed: 21/02/2022 14:27

Prescribed by: Horan, Gavin PHARM Registered Medical Practitioner Page: 1 of 1