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: 17/02/2022

Rx: Aspirin tablet Order ID: 229814813

75 mg oral ONCE a day for 1 month

Prescriber's Signature: Date Printed: 17/02/2022 17:00

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