

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: B Team

Ward/Department:

RH GPN

Known Allergies: Codeine.

Prescription Details:

Date Written/Issued: 21/02/2022

Rx: Clarithromycin tablet

Order ID: 229818201

500 mg oral every TWELVE hours for 1 week

Indication: OTHER: See Instructions

Special Instructions: A comprehensive set of instructions, including the indication can be placed here, and will be visible to the pharmacy.