

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 400 mg oral every TWELVE hours for 1 week Indication: Bacterial Vaginosis			Order ID: 229818149