

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 75 mg oral ONCE a day for 1 month			Order ID: 229814813