Black Ice Software LLC

Demo version



Rotunda Hospital Parnell Square Dublin DO1 P5W9 018171700

Patient Name SHARON ZZZTEST

Birthdate: 10/10/1987

Age: 34 years

Sex: Female

Hospital Number/MRN: H04077171

Weight:

Date of Weight:

Patient Address:

2 THE BANKS, MARTINS AVENUE, CRUMLIN, DUBLIN 8, 3K YH12

Consultant: Ward/Department:

Known Allergies: Codeine: vomiting. Vomiting. Rash. Fish.

Prescription Details: Date Written/Issued: 17/02/2022

Rx: Aspirin tablet Order ID: 264210975

75 mg oral ONCE a day for 1 month

Prescriber's Signature: Date Printed: 17/02/2022 21:14

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