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: B Team Ward/Department: RH GPN

Known Allergies: Codeine.

Prescription Details: Date Written/Issued: 21/02/2022

Order ID: 229818201 Rx: Clarithromycin tablet

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.

Date Printed: 21/02/2022 14:33 Prescriber's Signature: Page: 1 of 1

Prescribed by: Horan, Gavin PHARM Registered Medical Practitioner