



شركة الطب الرقمي الطبية

للطب الإلكتروني

وصفة طبية  
Rx Prescription

EMR No:

Patient Name:

AGE:

Gender:

Doctor Name:

Date: 13-03-2020

Prescription No:

| No                 | Medicine | Dosage | Unit | Route | Frequency | Duration |
|--------------------|----------|--------|------|-------|-----------|----------|
| incrementing       |          |        |      |       |           |          |
| exists             |          |        |      |       |           |          |
| wasRecentlyCreated |          |        |      |       |           |          |
| timestamps         |          |        |      |       |           |          |