



وصفة طبية Rx Prescription

EMR No:

Patient Name:

AGE:

Gender:

No	Medicine	Dosage	Unit	Route	Frequency	Duration
1	TRIPROLIDINE, PSEUDOEPHEDRINE, GUAIFENSIN	0.25, 6,	mcg	Oral	1-1-1	5

Doctor Name:

Date: 25-11-2019