

## شركة الطب الرقمي الطبية للطب الإتصالي

مانے قطبیت Rx Prescription

EMR No:

Patient Name:

AGE:

Gender:

**Doctor Name:** 

Date: 17-03-2020

Prescription No:

| No | Medicine  | Dosage | Unit | Route      | Frequency | Duration |
|----|---|--------|------|------------|-----------|----------|
| 0  | SALBUTAMOL  <br>AIROMIR INHALER<br>100MCG-ACTUATION | 100    | mg   | Inhalation | 1 - 0 - 0 | 20       |