

وصفة طبية Rx Prescription

EMR No: 0000480

Patient Name: test vv

AGE:

Gender: Male

No	Medicine	Dosage	Unit	Route	Frequency	Duration
1	TRIPROLIDINE, PSEUDOEPHEDRINE, GUAIFENSIN	0.25, 6, 20	ml/g	Oral	1 - 0 - 1	6

**Doctor Name: Robs** 

Date: 21-11-2019