

وصفة طبية Rx Prescription

EMR No: 0000439

Patient Name: vvcv ffcf

AGE:

Gender: Male

No	Medicine	Dosage	Unit	Route	Frequency	Duration
1	METRONIDAZOLE	1	ml/g	fghj	1 - 1 - 1	1

Doctor Name: Priya patel aaaa

Date: 08-11-2019