

وصفة طبية Rx Prescription

EMR No:

Patient Name:

AGE:

Gender:

No	Medicine	Dosage	Unit	Route	Frequency	Duration
1	RESERPINE, DIHYDRALAZINE, HYDROCHLORTHIAZIDE	0.1, 10,	Mg	Oral	1 - 1 - 1	4

**Doctor Name:** 

Date: 27-11-2019