

وصفة طبية Rx Prescription

EMR No:

Patient Name:

AGE:

Gender:

No	Medicine	Dosage	Unit	Route	Frequency	Duration
1	DIPHTHERIA TOXOID, TETANUS TOXOID, INACTIVATED B PERTUSSIS, Hib CONJUGATE, RECOMBINANT HEPATITIS B ANTIGEN	10	mcg	Intramuscular	1-0-0	7

Doctor Name:

Date: 25-11-2019