وصفـة طبيـة
Rx Prescription

EMR No:

Patient Name:

AGE:

Gender:

Doctor Name:

Date: 17-03-2020

Prescription No:

No	Medicine	Dosage	Unit	Route	Frequency	Duration
0	PARACETAMOL | ADOL 125 MG RECTAL SUPPOSITORIES	125	ml/g	Rectal	1 - 0 - 0	12