

شركة الطب الرقمي الطبية للطب الإتصالي

مانے قطبیت Rx Prescription

E	M	R	No:	
_	IVI	17	INU.	

Patient Name:

AGE:

Gender:

Doctor Name:

Date: 13-03-2020

Prescription No:

No	Medicine	Dosage	Unit	Route	Frequency	Duration
incrementing						
exists						
wasRecentlyCreated						
timestamps						