

Emergency Medical Information

PATIENT: FEMALE PATIENT

GENDER: Female

MEDICATIONS:

PRESCRIPTION DETAILS:

1. Date: 2025-04-06, Doctor: Unknown

Patient Information: Name: FEMALE PATIENT DOB: 10/30/2009 Gender: Female Address: 39 Privet Drive, West Dover, VT 05356 Phone: (802) 555-0129 Doctor Information: Name: TEST PROVIDER Clinic: Winooski Rooski Pediatrics Address: Twenty Main Street, Winooski, VT 05404 Phone: (802) 846-8177 DEA #: MT4248476 Medications: Name: atomoxetine (Strattera) Dosage: 40 mg capsule Frequency: 40 milligrams by mouth every day Quantity: 30 Capsules Refills: 0 Special Instructions: Days Supply: 30 Written Date: 09/06/2022 Pharmacy Information (Not explicitly requested, but included for completeness): Name: Lawrence Academy Rx Address: 235 Main St, Groton, MA 01450 Phone: (978) 451-4477 Fax: (978) 450-1122 Note: Accepts EPCS

2. Date: 2025-04-06, Doctor: Unknown

Patient Information: Name: TEST, TEST Birthdate: 05/05/1947 Age: 67 Years Sex: FEMALE MRN: GSA-000555555 Allergies: NKA (No Known Allergies) - Pharmacist note: Allergy list may be incomplete. Address: UNK, BLOOMINGDALE, IL 55555 Home Phone: (555)777-7777 Work Phone: Unknown Doctor Information: Name: Doe Test Clinic: Bitiniaesy Workplace Medical Center Address: 7 W Smithville, CA 90291 Phone: (212) 555-4404 DEA #: MIL NPI #: 2222222 Medications: Morphine: Dosage: 130 mg/24 hours Form: Extended-release oral capsule Frequency: 1 capsule orally daily Quantity: 30 capsules Refills: 0 Start Date: 04/13/2015 Oxycodone: Dosage: 10 mg Form: Oral tablet Frequency: 1 tablet orally every 6 hours as needed for pain (Q6H PRN) Quantity: 120 tablets Refills: 0 Start Date: 04/13/2015 Codeine Sulfate: Dosage: 60 mg Form: Oral tablet Frequency: 1 tablet orally every 4 hours as needed for pain (Q4H PRN) Quantity: 180 tablets Refills: 0 Start Date: 04/13/2015 Norco (Hydrocodone/Acetaminophen): Dosage: 325-5 mg Form: Oral tablet Frequency: 2 tablets orally every 4 hours as needed for pain (Q4H PRN) Quantity: 360 tablets Refills: 0 Start Date: 04/13/2015 Special Instructions: Dispense as written. Substitution permitted. Additional Notes: Date Issued: 04/13/2015 Prescription includes security features to prevent copying/scanning. It's important to note that this example includes multiple opioid prescriptions. This is unusual and would warrant careful review by a pharmacist. It highlights the importance of pharmacists as a safety check in the prescribing process.

3. Date: 2025-04-06, Doctor: Unknown

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Norco (Hydrocodone/Acetaminophen): Dosage: 325-5 mg Form: Oral tablet Frequency: 2 tablets every 4 hours as needed for pain (Q4H PRN) Quantity: 360 tablets Refills: 0 Start Date: 04/13/2015 Special Instructions: Dispense as written. Substitution permitted. Date Issued: 04/13/2015 Prescription Security Features (Not part of the instructions, but included on the prescription form): Micro-printed patient name on the border. "RX ORIGINAL RX" visible in the bottom center. "VOID" appears when scanned or photocopied. Quantities and refills enclosed in asterisks.

4. Date: 2025-04-06, Doctor: Unknown

Patient Information: Name: PATIENT (M) Age: 13 Years Gender: Male Mobile No.: 9423380390 Address: Pune Weight: 80 kg Height: 200 cm BMI: 20.00 BP: 120/80 mmHg Doctor Information: Name: Dr. Akshara Vel Hospital/Clinic: SMS Hospital, M.S. B/503, Business Center, MG Road, Pune Reg. No: MMC 2018 - 411000 Phone: 5465647658 Timing: 09:00 AM - 01:00 PM, 06:00 PM - 08:00 PM (Closed: Sunday) Medications: 1) Abciximab: 1 tablet in the morning for 8 days (Total: 8 tablets) 2) Vomilast: 1 tablet in the morning and 1 tablet at night (after food) for 8 days (Total: 16 tablets) [This appears to also contain Doxylamine 10mg, Pyridoxine 10mg, and Folic Acid 2.5mg, though the prescription format isn't clear on whether these are separate or combined with the Vomilast.] 3) Zoclar 500 (Clarithromycin 500mg): 1 capsule in the morning for 3 days (Total: 3 capsules) 4) Gestakind 10/SR (Isoxsuprine 10mg): 1 tablet at night for 4 days (Total: 4 tablets) Special Instructions: Take bed rest. Do not eat outside food. Eat easy-to-digest food like boiled rice with daal. Follow Up: 04-Sep-2023 Substitute with equivalent generics as required. Diagnosis: Malaria Chief Complaints/Clinical Findings: Fever with chills (4 days) Headache (2 days) Note: The prescription mentions "These are test findings for a test patient" and "Entering sample diagnosis and sample prescription," which suggests this might be a test or training prescription and not a real patient case.

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