



# THE TRUST HOSPITAL COMPANY LIMITED

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## PRESCRIPTION FORM

Date: 05/01/17

Name: Amoako Ahaa Adom Age: 1/12

Patient No: 1 Organization:

Episode: Weight:

Allergies:

Rx:

Sudocrem

hil  
cream

hil



Prescribing Doctor:

Signature and Stamp: Dr. B. 200 - wmon

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HOSPITAL  
TEL: 0302797147

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& CHILD-OSU  
TEL: 0302798290

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ADENTA  
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PENSIONHOUSE  
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SAKUMONO  
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