

MINISTRY OF HEALTH /  
GHANA HEALTH SERVICE

PRESCRIPTION FORM

Name: Bernice Ankamapio Sex: F

Age: 36 yrs Reg. No: .....

Date of Attendance: 27/12/17

Rx

1. Gutt. Epi'fenac tabs  
BE x  $\frac{1}{12}$ .

2. Gutt. Refresh Tears  
qid BE x  $\frac{1}{12}$

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Name of Prescriber: MA

Signature: .....

Institution: .....

EYE CLINIC  
RIDGE HOSPITAL  
ACCRA