

ACCRA MEDICAL CENTRE



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PRESCRIPTION FORM

Name: Steve Lawer Wodo DOB: 11/04/1975
Date: 01/11/17 Address:

R_x ① Inhaler Symbicort 160/4.5ug
R_x OD x 30/7

ACCRA MEDICAL CENTRE
161 RINGWAY OSU, ACCRA
TEL: 020 - 4096099 / 0233 - 099096
E-mail: accramedcentre@gmail.com

Kumapley
Doctor's Name & Signature

Date: 01/11/17

Alternative equivalent

Dispense as written

Repeat

1

2

Time