

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 $\frac{1}{12}$

Name of Prescriber: MA

Signature:

Institution:

EYE CLINIC
RIDGE HOSPITAL
ACCRA