

Klinik UTeM Induk

Drug Prescription

Patient Name:Nor SyuhadaPatient Id:8810130652025Age:26YNRIC:881013065202

Gender : Female Weight :

Location : Height
Prescription # : Order Date

Allergy

No.	Drug	Route	Dosage	Frequency	Start Date	End Date	Duration	Prescribed Quantity
1.	-		15	At night	1/10/2014	3/10/2014	3 days	45
2.	diclofenac		0	3 times a day	1/10/2014	30/9/2014	0 day	0

Prescribed by: Registra (BIO01)

Date: 01/10/2014