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Name: MARY JANE NASOL

Age:

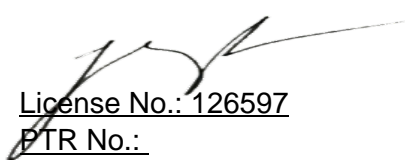
Address:

Date: Feb 7, 2025

R_x

Levofloxacin 500 mg #14

Sig- 1 tab every 12 hrs


License No.: 126597

PTR No.:

S2 No.:

Follow-up Date: