

Acroform Data

1. **Doctor's Name:** Anna Ludwig, MD
2. **Medical license number:** 00-9987-35
3. **Address:** St Charles, Oak Street, CA
4. **Phone number:** 678-942-99
5. **Email address:** annaludwig@stcharles.org
6. **Patient Name:** Karlene Hizon
7. **Date of birth:** March 5, 1953
8. **Address:** Allentown Ave cor Method St, CA
9. **Phone number:** 789-244-12
10. **Email address:** karlene@email.com
11. **Insurance information:** Altrust Insurance - Premium
12. **Medications:** Ibuprofen 400mg tablets
13. **Dosage:** 1 tablet
14. **Frequency and duration:**
 - Frequency: Take orally, every 6 hours
 - Duration: 5 days
15. **Instructions:** Take with food. Do not exceed 2400mg in 24 hours.
16. **Additional notes:**
 - Patient advised to avoid other NSAIDs (Nonsteroidal Anti-Inflammatory Drugs) concurrently.
 - Monitor for any signs of stomach discomfort or adverse reactions.
17. **Doctor's name:** Anna Ludwig, MD
18. **Date:** August 15, 2023