



RAMAIAH

Medical College Hospital
(Regd. as M. S. Ramalah Hospital)

OUT PATIENT PRESCRIPTION

Date : 22/2/23

Name : LALITHAMMA G

RH00980447 OP-MH

Hospital No

Age : Sex : M/F

R_x

Adv

① TAB DERANTOX
CA(F)

o o l x 30 days

— (30)

② MOMATE CREAM

o o r x 1 week

↓

o o r x 1 week

↓

on alternate

nights x 1 week

↓

weekly twice

③ TAB FEXOFENADINE 120mg o o l.

x 2 weeks — (15)

Signature of Doctor

Name :

Dr. Chetana PR
KMC Re No. 68683
Dept. of Dermatology