

## Prescription

Reg TRN No : 12345678998754  
Facility Name : VISION MEDICAL & DENTAL CENTER (Abu Dhabi)  
  
Address : Rolla  
065634883/971505961569

Doctor	: Ophthalmology (DHA # -Oph45)	Department	: Ophthalmology
Patient Name	: Aswathi Vipin	MRN/File No.	: 1
Age / Gender	: 32Y - 3M - 12D/Female	Type	: Al Buhaira
Visit Date	: 04-Mar-2024 08:45 - 09:00	Made By	:
Principal Diagnosis	: S30.813A - Abrasion of scrotum and testes, initial encounter		
Secondary Diagnosis	: NA		

	Generic	Dosage	Strength	Instructions	Quantity	Route of Admin
01	(MULTIVITAMINS : N/A) SYRUP	SYRUP (100ML, BOTTLE)	ORAL	Take 3 Powder, 1 Time(s) per Once For 1 Day(s) morning	2	ROA036 - INTRA-AMNIOTIC

P.S.: Kindly note that this is automated For Pharmacy.

Doctor Name	License Number	Date	Signature & Stamp
Ophthalmology	Oph45	04-Mar-2024 08:45 - 09:00	□