

Prescription

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

Doctor	: Alan(DHA # -GD10001)	Department	: Dental
Patient Name	: Alston Rebello	MRN/File No.	: 17
Age / Gender	: 27Y - 8M - 11D/Male	Type	: Cash
Visit Date	: 02-Mar-2024 09:15 - 09:30	Made By	:
Principal Diagnosis	: NA		
Secondary Diagnosis	: NA		

	Generic	Dosage	Strength	Instructions	Quantity	Route of Admin
01	(BETAMETHASONE : 0.05%) (MICONAZOLE : 2%) CREAM	CREAM (30G, TUBE)	TOPICAL	Take 1 Tablets 1 Time(s) per Day For 1 Day(s) after meal	1	DT - Dental



Kindly note that this automated and For Pharmacy.

Doctor Name	License Number	Date	Signature & Stamp
Alan	GD10001	02-Mar-2024 09:15 - 09:30	