

# Prescription

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

Doctor : Ahmad (DHA # -GD007) Department : Hijama  
Patient Name : Alston Rebello MRN/File No. : 17  
Age / Gender : 27Y - 10M - 13D/Male Type : Al Buhaira  
Visit Date : 03-May-2024 09:30 - 09:45 Made By : Super Administrator  
Principal Diagnosis : S30.813A - Abrasion of scrotum and testes, initial encounter  
Secondary Diagnosis : NA

	Generic	Brand	ERX Ref.	Dosage	Strength	Instructions	Quantity	Route of Admin
01	(~LIDOCAINE HCL : 40 MG/ML) EYE DROPS	LIDOCAINA CLORIDRATO INTES	-	EYE DROPS (100 X 0.5ML, SINGLE DOSE CONTAINER)	OCULAR	Take 1 Spray, 1 Time(s) per Day For 1 Day(s)	1	GTT - Gastrostomy Tube



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

Doctor Name License Number Date Signature & Stamp  
Ahmad GD007 03-May-2024 09:30 - 09:45

