

Prescription

Reg TRN No : 12345678998754

Facility Name : VISION MEDICAL & DENTAL CENTER (Abu Dhabi)

Address : Rolla  
065634883/971505961569

Doctor : William (DHA # -15245565544445)Department : General

Patient Name : Alston RebelloMRN/File No. : 17

Age / Gender : 27Y - 10M - 10D/MaleType : Al Buhaira

Visit Date : 30-Apr-2024 08:00 - 08:15Made By :

Principal Diagnosis : NA

Secondary Diagnosis : NA

	Generic	Dosage	Strength	Instructions	Quantity	Route of Admin
01	(AMINO ACIDS : 3.30 %) (ELECTROLYTES : 0.70 %) (TRIGLYCERIDES (SOYA OIL) : 3.90 %) (GLUCOSE : 9.70 %) SOLUTION FOR INFUSION [IV]	SOLUTION FOR INFUSION	3.30 % 0.70 % 3.90 % 9.70 %	Take 1 Tablets 1 Time(s) per Day For 1 Day(s) after meal	1	B - Buccal



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

Doctor Name : WilliamLicense Number : 15245565544445Date : 30-Apr-2024 08:00 - 08:15

Signature & Stamp