

Prescription

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

Doctor : Doctor (DHA # -DHA101) Department : Speech Therapy
Patient Name : Alston Rebello MRN/File No. : 17
Age / Gender : 27Y - 10M - 0D/Male Type : Al Buhaira
Visit Date : 20-Apr-2024 10:00 - 10:15 Made By :
Principal Diagnosis : A96.9 - Arenaviral hemorrhagic fever, unspecified
Secondary Diagnosis : NA

	Generic	Dosage	Strength	Instructions	Quantity	Route of Admin
01	(INDOCYANINE GREEN : 25 MG) INJECTION	INJECTION (6S, VIAL)	IV	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	License Number	Date	Signature & Stamp
Doctor	DHA101	20-Apr-2024 10:00 - 10:15	