

Kigumo Health Centre

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PRESCRIPTION

Patient Surname: LName	Date: 15-May-2015
Other Names: FName	IP/OP Number: 10-587-0-00627
Gender: Male	Clinic/Ward/Unit: HIVCARE-STATICFORM
Age: 41 Weight: Kg Height: cm	Prescriber's Name: Kennedy WENYA
Patients Phone No:	Prescriber's Cell phone: Extension:
Allergies	
R Amitriptyline hydrochloride-Laroxyl 10mg Morning Midday Evening Night Duration: 2.00 Qty Presc 8.00 1.00 1.00 1.00 1.00	

Clinician Signature:

Designation: Pharmacist

Dispenser Name: Kennedy WENYA

Signature:

Checked by:

Signature: