

05-05



St. John's Medical College Hospital Bangalore-34

OUT-PATIENT PRESCRIPTION

Name : Tinemata Basud

Hospital No. : 833792 Age : _____ Sex : M/F

R

Value	
Rs.	Ps.

Tab WYSDOLONE
70mg

DIGENE 602
600 mg

Tab FAMOTIDINE
20mg 1-0-1

Date :

24/5/94

Signature of Doctor

[Handwritten Signature]

Equivalent brand may be dispensed by the Hospital Pharmacy

NOT TAKEN
ABOVE PRESCRIPTION