20

Ser No_____

PRESCRIPTION PAPER

Tel: _____

Patient's Full Name: Shamore Tesfaye

Sex: F Age 24 Weight _____ card No _____

Region: 04 Town Mel Woreda Alc Kebele 515

House No._____ Tel No:_____ Inpatient ☐ Outpatient ☐

Specific Diagnosis, if not ICD _____

(Drug Name, Strength Dosage form, Dose, Frequency, Duration, how to use & other information	Price (dispenser's Use only)	
Lab		
HCG - Negative		
Total Price		

Reconciliation : (Cash sales Ticker's SR No and sig of cashier)_____

Or (Register SR No. for Credit/free)_____

	Prescriber's	Evaluator's	Counselor's
Full Name	[illegible]	_____	_____
Qualification	[illegible]	_____	_____
Registration #	[illegible]	_____	_____
Signature	_____	_____	_____
Date:	_____	_____	_____

See overleaf