THE MEDICAL CITY
Where Patients are Partners
ILOILO

THE MEDICAL CITY ILOILO HOSPITAL INC.
PRESCRIPTION SHEET

PATIENT NAME	BIRTH DATE	AGE	SEX	PIN
Arriesgado Ricardo Jr. Carapang LAST NAME FIRST NAME MIDDLE NAME	10 14 1980 MM DD YYYY	44	☒ MALE ☐ FEMALE	204016
ADDRESS Lapuz, Iloilo City			**DATE OF DISCHARGE**	
DIAGNOSIS CAP; BA in AE; HCVD; DM Type II - NIR				

NAME OF MEDICINE (Generic/Brand Name/Strength/Dosage/Form)	FREQUENCY/ DURATION	QUANTITY	REMARKS
Levocetirizine + Montelukast 10/5 mg/tab	1 tab once a day x 7 days	# 7	apm
NAC 600mg/tab	1 tab once a day x 5 days	# 5	apm
Budesonide + Formoterol 160/4.5 mcg	2 puffs 2x a day then 1 puff as needed for breathlessness	# 1	8am, 8pm
Methylprednisolone 16mg/tab	1 tab 2x a day for 1 more day THEN	# 5	8am, 8pm
	1 tab once a day for 3 days	#	8pm
Losartan 50mg/tab	1 tab once a day	# 30	7am
Omeprazole 40mg/tab	1 tab once a day 30mins before breakfast	# 7	6am
Metformin 500mg/tab	1 tab once a day	# 30	7am
Levodropizine syrup	10ml every 8 hours as needed for nonproductive dry cough	# 1	as needed

***This is a valid prescription.**

PREPARED BY:

RAMONT JOSEPH G. ROBERIZA, MD, M.D.
Signature over Printed Name
ATTENDING PHYSICIAN

License No.: _____

PTR No. : _____

INSTRUCTED BY:

DAVE BARRY V. TUMAWAN, RN
License No. 1046415
Signature over Printed Name
☒ NURSE ☐ CLINICAL PHARMACIST

I understand the information presented to me:

Ricardo Arriesgado Jr.
Signature over Printed Name
☒ PATIENT ☐ PARENT/RELATIVE ☐ GUARDIAN