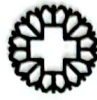


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THE MEDICAL CITY
Where Patients are Partners
ILOILO

THE MEDICAL CITY ILOILO HOSPITAL INC.
PRESCRIPTION SHEET

PATIENT NAME Arriegado Ricardo Jr. Catapang LAST NAME FIRST NAME MIDDLE NAME			BIRTH DATE 10 14 1980 MM DD YYYY		AGE 40	SEX ☒ MALE ☐ FEMALE	PIN 204010
ADDRESS Lapu-Lapu City						DATE OF DISCHARGE	
DIAGNOSIS DM; DM in NE; HWD; DM Type II - NID							
NAME OF MEDICINE (Generic/Brand Name/Strength/Dosage/Form)			FREQUENCY/ DURATION		QUANTITY	REMARKS	
levocetirizine + montelukast 10.5mg/1tab			1 tab once a day x 7 days		# 7 ^{ts}	apm	
NAC 600mg/1tab			1 tab once a day x 5 days		# 5 ^{ts}	apm	
budesonide + formoterol 160/4.5mcg			2 puffs 2x a day when 1 puff as needed for breathlessness		# 1	8am, 8pm	
methylprednisolone 16mg/1tab			1 tab 2x a day for 1 more day THEN		# 5 ^{ts}	8am, 8pm	
			1 tab once a day for 3 days		#	8pm	
losartan 50mg/1tab			1 tab once a day		# 30	7am	
omeprazole 40mg/1tab			1 tab once a day 30mins before breakfast		# 7	6am	
metformin 500mg/1tab			1 tab once a day		# 30	7am	
levodropropizine syrup			10ml every 8 hours as needed for rhinorrhea dry cough		# 1 ^{ts}	as needed	

*This is a valid prescription.

PREPARED BY:

INSTRUCTED BY:

I understand the information presented to me:

JOSEPH JOYBERIZA, MD, M.D.
Signature over Printed Name
ATTENDING PHYSICIAN

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

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

License No.: _____

PTR No.: _____

TILO-CSD-CLD-PCS

- PATIENT'S COPY -

Rev02 04-April-2024