

John Morrisay T. Rabang, M.D.

Medical Liaison Officer / General Physician

S.V. More Pharma Corporation

#16 Scout Tuazon corner Roces avenue, Quezon City

M - F: 8:00 A.M. - 6:00 P.M.

Tel. Nos.: 8373-62-40 • 8373-62-42 • 8373-65-91

Fax Nos.: 8371-14-28 • 8375-17-21 • 8371-16-49

Patient: ALYSSA QUIAMBAO Sex: F Date: 02/20/25

Address: _____

Assessment: MUSCULOSKELETAL STRAIN

R

1. PARACETAMOL + ORPHENADRINE CITRATE (NORGESIC FORTE) 650/50MG #10
SIG: TAKE 1 TAB EVERY 12 HOURS (AFTER MEAL)

2. EPERISONE (MYONAL) 50MG #10

SIG:

THURSDAY: 1 TAB AFTER MEAL

FRIDAY: : 1 TAB AFTER MEAL

SATURDAY & SUNDAY: 1 TAB 3X A DAY AFTER MEAL

MONDAY: 1 TAB AFTER MEAL

TUESDAY: 1 TAB AFTER MEAL

JOHN RABANG
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0158530 Lic. No.

____ PTR No.