	Document Title: DOCTOR'S PRESCRIPTION Document Number: RMH-MED-F17	Rev No 00	PHILHEALTH ACCREDITED

Name: Delgado, Lavralyn Age: 25 Sex: F
Address/Ward: M
Hospital Number: _____ Date: 2/nehr

Rx

Levocetirizine + Montelukast
5/10 mg 1tab #7 tabs

Salbutamol MDI #1

Co-Amoxiclav 625 mg 1tab #14 ~~tabs~~ 7

Paracetamol 500 mg 1tab #15 tabs

Sig. Dr. Duran

Signature over Printed Name

"NO REFILL"
Valid Until: _____
Contact No. _____

Lic. No. _____
PTR No. _____
S2 Lic. No. _____

"Generic Name Required by Law"

Document Title: DISCHARGE INSTRUCTION SHEET	Rev No 00	PHILHEALTH ACCREDITED
Document No: RMH-NSO-F20		

Name of Patient: Delgado, Lairalyn Age: 25yo Sex: F
Date / Time of Consultation: 2/14/25 5:40 PM Date/Time of Discharge:
Date of Follow-up Check-up: Attending Physician: Dr Duran
Diagnosis:

Home Medication:

MEDICINE	DOSAGE	TIMING	DURATION
1) Levocetirizine + Montelukast 5/10 mg/tab	1 tab	8pm	7 days
2) Salbutamol MDI	2 puffs	every 8 hours	5 days then as needed for dyspnea
3) Cefuroxime 625 mg/tab	1 tab	8am - 8pm	7 days
4) Paracetamol 500 mg/tab	1 tab	every 4 hours	for fever

Special Instructions:
- follow-up @ OPD after 1 week

Dietary Instructions:

Instructed by:
K. Leandro
Nurse's Signature over Printed Name

Received by:
LAIRALYN D. DELGADO
Patient / Representative's Signature over Printed Name