Prescription Form

Patient's Name	Karol James	**Date of Consultation**	November 16, 2023
Sex	Female	**Age**	28
Weight	55 kg	**Height**	154 cm
Blood Pressure	100/70 mmHg	**Restriction/Allergies**	Ibuprofen
Diagnosis	Acute Tonsillopharyngitis		

Medication

	Generic/ Brand Name	Preparation/ Dosage/ Frequency/ Route	Timing			
			Morning	Afternoon	Evening	Bedtime
1	Co-Amoxiclav (1gm tablet)	Take 1 tablet after meal, 2x a day for 7 days	1	0	1	0
2	Fluimucil (600 mg)	Dissolve 1 tablet in ½ cup of water once a day for 7 days	0	0	1	0
3	Hexetidine (Bactidol)	Gargle 15 ml, 3x a day for 7 days	1	1	1	1
4						
5						
6						
7						
8						

Diet to Follow

- [x] Regular/Full
- [ ] Soft

- [ ] Low Salt
- [ ] Other: _____

Activity/Exercise

- [x] No Restriction
- [ ] With Restriction (specify): _____

Doctor's Recommendation

- [x] Follow-up appointment: Aftter 3 days if no improvement
- [ ] Additional Tests Required: None
- [ ] Other Instructions: Isolate for 7 days

Doctor's Signature: _____

Doctors Name: Dr. Samantha Miller