

As Required Drugs

NAME:

WARD:

K-
2/11/16

Drug (approved name and form) IBUPROFEN <i>with food</i>				Date	17/8/16														
				Time	18:20	1530													
Dose	Route	Frequency and indication for use		Dose															
200mg	PO	PRN 4-6 <i>max 1200mg</i>		400mg															
Prescriber (Sign and PRINT Name)				Date	Pharmacy		Route												
[Signature] SEEHA				17/8	[Signature]		PO												
Drug (approved name and form)				Date															
				Time															
Dose	Route	Frequency and indication for use		Dose															
Prescriber (Sign and PRINT Name)				Date	Pharmacy		Route												
							Sign												
Drug (approved name and form)				Date															
				Time															
Dose	Route	Frequency and indication for use		Dose															
Prescriber (Sign and PRINT Name)				Date	Pharmacy		Route												
							Sign												
Drug (approved name and form)				Date															
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Dose	Route	Frequency and indication for use		Dose															
Prescriber (Sign and PRINT Name)				Date	Pharmacy		Route												
							Sign												
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							Sign												