**Miss Theresa Test Medicines List** Printed on 22/11/2017 Name: Miss Theresa Test DOB: 18/05/1926 (91 years) **NHI: ABC1235** Gender: Female Address: Elrond Care Facility Room: Lower Rivendell, Middle Earth Phone/Fax: Doctor: Dr S Chambers Registration: MC12345 Patient Photo Care Services, 12 Bagend, Hobbiton. Phone/Fax: 045552314 Conditions: Diabetes mellitus, Hypertension. Allergies: No medicine allergies known to pharmacy **Packed** For diabetes. METFORMIN HCL 500mg tablets (Metchek) Route: Oral Take ONE tablet THREE times DAILY with food BKF LUN DIN BED Stop date Prescriber sign Prescriber sign 1 1 1 FELODIPINE 10mg ER tablets (Plendil) For blood pressure, angina, Route: Oral Take ONE tablet in the MORNING. Swallow whole, do not crush or chew Avoid grapefruit and its juice Stop date Start date BKF LUN DIN BED Prescriber sign Prescriber sian **BISOPROLOL FUMARATE 2.5mg tablets (Bosvate)** For high blood pressure, angina, chronic heart failu Route: Oral Take ONE tablet once DAILY Start date BKF LUN DIN BED Prescriber sign Stop date Prescriber sign ISOSORBIDE MONONITRATE 60mg CR tablets (Duride) For angina prevention. Route: Oral Take ONE tablet once DAILY swallow whole, do not crush or chew DIN RED Prescriber sign Stop date Prescriber sign Start date ATORVASTATIN 20mg tablets (Lorstat) For lowering cholesterol. Route: Oral Take ONE tablet at NIGHT Start date BKF LUN DIN BED Prescriber sign Stop date Prescriber sign

BKF

BKF

2

1

Start date

Start date

LUN

LUN

DIN

DIN

2

Indication:

BED

BED

Prescriber sign Stop date Prescriber sign

Use blank prescribing spaces to add new medicine or change existing medicines Fax the chart to the pharmacy each time a new medicine is added.

Prepared by: PHARMACY Ph - Fax: -

CANDESARTAN CILEXETIL 8mg tablets (Candestar)

Route:

Take ONE tablet in the MORNING

GLIPIZIDE 5mg tablets (Minidiab)

Tale TWO tablet twice DAILY.

Page 1 of 3

Route: Oral

Route: Oral

Start date

Medicine name and form:

Special Instructions:

REGULAR

For high blood pressure or heart failure.

Prescriber sign

For control of excess glucose in the blood.

Prescriber sian

Strength:

Stop date

Stop date

Strength Units:

Prescriber sign

Prescriber sign

## **Miss Theresa Test Medicines List** Printed on 22/11/2017 Name: Miss Theresa Test DOB: 18/05/1926 (91 years) NHI: ABC1235 Gender: Female Address: Elrond Care Facility Room: Lower Rivendell, Middle Earth Phone/Fax: Doctor: Dr S Chambers Registration: MC12345 Patient Photo Care Services, 12 Bagend, Hobbiton. Phone/Fax: 045552314 Conditions: Diabetes mellitus, Hypertension. Allergies: No medicine allergies known to pharmacy **Packed** Start date Route: Indication: Medicine name and form: Strength: Strength Units: Prescriber sign Stop date Prescriber sign Start date Route: Indication: Medicine name and form: Strength Units: Strength: Stop date Prescriber sign Prescriber sign Non Packed SALBUTAMOL 100mcg/ds CFCFr inhaler (Respigen) For wheeze, shortness of breath. Route: Inhalation Inhale TWO puffs up to FOUR times daily when required for wheeze BED DIN Stop date Start date Prescriber sign Prescriber sign Route: Start date Indication: Medicine name and form: Strength: Strength Units: Stop date Prescriber sign Prescriber sign Start date Indication: Route: Medicine name and form: Strength: Strength Units:

Start date Route: Indication:

Medicine name and form: Strength: Strength Units:

Special Instructions: Prescriber sign Stop date Prescriber sign

Use blank prescribing spaces to add new medicine or change existing medicines Fax the chart to the pharmacy each time a new medicine is added.

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Page 2 of 3

REGULAR

Special Instructions:

Prescriber sign

Stop date

Prescriber sign

## **Miss Theresa Test Medicines List** Printed on 22/11/2017 Name: Miss Theresa Test DOB: 18/05/1926 (91 years) NHI: ABC1235 Gender: Female Address: Elrond Care Facility Room: Lower Rivendell, Middle Earth Phone/Fax: Doctor: Dr S Chambers Registration: MC12345 Patient Photo Phone/Fax: 045552314 Care Services, 12 Bagend, Hobbiton. Conditions: Diabetes mellitus, Hypertension. Allergies: No medicine allergies known to pharmacy **PRN Medicines** PARACETAMOL 500mg tablets (Paracetamol Pharmacare) Route: Oral Take TWO tablets up to FOUR times daily when required for pain Start date DIN BED Stop date Prescriber sign Prescriber sign Start date Route: Indication: Medicine name and form: Strength: Strength Units: Maximum dose in 24 hours Special Instructions PRN | Prescriber sign Prescriber sign Start date Route: Indication: Medicine name and form: Strength Units: Strength: PRN

PRN PRN PRN PRN PRN PRN PRN PRN PRN

Indication:

PRN | Prescriber sign

Special Instructions:

Special Instructions:

Route:

Use blank prescribing spaces to add new medicine or change existing medicines Fax the chart to the pharmacy each time a new medicine is added.

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Page 3 of 3

Maximum dose in 24 hours:

Medicine name and form:

Maximum dose in 24 hours:

Start date

Prescriber sign

Prescriber sign

Strength Units:

Stop date

Strenath: