



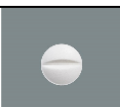


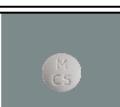

# Medicines List

# Miss Theresa Test

Printed on 22/11/2017

<b>Name:</b> Miss Theresa Test <b>NHI:</b> ABC1235 <b>Address:</b> Elrond Care Facility Lower Rivendell, Middle Earth	<b>DOB:</b> 18/05/1926 (91 years) <b>Gender:</b> Female <b>Room:</b> <b>Phone/Fax:</b>	Patient Photo
<b>Doctor:</b> Dr S Chambers Care Services, 12 Bagend, Hobbiton.	<b>Registration:</b> MC12345 <b>Phone/Fax:</b> 045552314	
<b>Conditions:</b> Diabetes mellitus, Hypertension.		
<b>Allergies:</b> <b>No medicine allergies known to pharmacy</b>		

## Packed

1	<b>METFORMIN HCL 500mg tablets (Metchek)</b> Route: Oral Take ONE tablet THREE times DAILY with food	For diabetes.							
	Start date	BKF	LUN	DIN	BED	Prescriber sign	Stop date	Prescriber sign	
		1	1	1					
2	<b>FELODIPINE 10mg ER tablets (Plendil)</b> Route: Oral Take ONE tablet in the MORNING. Swallow whole, do not crush or chew Avoid grapefruit and its juice	For blood pressure, angina.							
	Start date	BKF	LUN	DIN	BED	Prescriber sign	Stop date	Prescriber sign	
		1							
3	<b>BISOPROLOL FUMARATE 2.5mg tablets (Bosvate)</b> Route: Oral Take ONE tablet once DAILY	For high blood pressure, angina, chronic heart							
	Start date	BKF	LUN	DIN	BED	Prescriber sign	Stop date	Prescriber sign	
		1							
4	<b>ISOSORBIDE MONONITRATE 60mg CR tablets (Duride)</b> Route: Oral Take ONE tablet once DAILY swallow whole, do not crush or chew	For angina prevention.							
	Start date	BKF	LUN	DIN	BED	Prescriber sign	Stop date	Prescriber sign	
		1							
5	<b>ATORVASTATIN 20mg tablets (Lorstat)</b> Route: Oral Take ONE tablet at NIGHT	For lowering cholesterol.							
	Start date	BKF	LUN	DIN	BED	Prescriber sign	Stop date	Prescriber sign	
					1				
6	<b>CANDESARTAN CILEXETIL 8mg tablets (Candestar)</b> Route: Oral Take ONE tablet in the MORNING	For high blood pressure or heart failure.							
	Start date	BKF	LUN	DIN	BED	Prescriber sign	Stop date	Prescriber sign	
		1							
7	<b>GLIPIZIDE 5mg tablets (Minidiab)</b> Route: Oral Take TWO tablet twice DAILY.	For control of excess glucose in the blood.							
	Start date	BKF	LUN	DIN	BED	Prescriber sign	Stop date	Prescriber sign	
		2		2					
<b>REGULAR</b>	Start date	Route:	Indication:						
	Medicine name and form:	Strength:				Strength Units:			
	Special Instructions:								
		Start date	BKF	LUN	DIN	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.**

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<b>Allergies:</b> <b>No medicine allergies known to pharmacy</b>		

## Packed

<b>REGULAR</b>	Start date / /	Route:	Indication:					
	Medicine name and form:						Strength:	Strength Units:
	Special Instructions:							
						Prescriber sign	Stop date	Prescriber sign

<b>REGULAR</b>	Start date / /	Route:	Indication:					
	Medicine name and form:						Strength:	Strength Units:
	Special Instructions:							
						Prescriber sign	Stop date	Prescriber sign

## Non Packed

<b>8</b>	<b>SALBUTAMOL 100mcg/ds CFCFr inhaler (Respigen)</b>						For wheeze, shortness of breath.						
	Route: Inhalation <i>Inhale TWO puffs up to FOUR times daily when required for wheeze</i>												
			Start date	BKF	LUN	DIN	BED	Prescriber sign	Stop date	Prescriber sign			

<b>REGULAR</b>	Start date / /	Route:	Indication:					
	Medicine name and form:						Strength:	Strength Units:
	Special Instructions:							
						Prescriber sign	Stop date	Prescriber sign

<b>REGULAR</b>	Start date / /	Route:	Indication:					
	Medicine name and form:						Strength:	Strength Units:
	Special Instructions:							
						Prescriber sign	Stop date	Prescriber sign

<b>REGULAR</b>	Start date / /	Route:	Indication:					
	Medicine name and form:						Strength:	Strength Units:
	Special Instructions:							
						Prescriber sign	Stop date	Prescriber sign

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<b>Allergies:</b> <span style="color: red;">No medicine allergies known to pharmacy</span>		

## PRN Medicines

9	<b>PARACETAMOL 500mg tablets (Paracetamol Pharmicare)</b> Route: Oral <i>Take TWO tablets up to FOUR times daily when required for pain</i>		
	Start date    BKF    LUN    DIN    BED    Prescriber sign    Stop date    Prescriber sign		
PRN	Start date    /    /    Route:    Indication:		
	Medicine name and form:    Strength:    Strength Units:		
	Maximum dose in 24 hours:    Special Instructions:		
	PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   Prescriber sign   Stop date   Prescriber sign		
PRN	Start date    /    /    Route:    Indication:		
	Medicine name and form:    Strength:    Strength Units:		
	Maximum dose in 24 hours:    Special Instructions:		
	PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   Prescriber sign   Stop date   Prescriber sign		
PRN	Start date    /    /    Route:    Indication:		
	Medicine name and form:    Strength:    Strength Units:		
	Maximum dose in 24 hours:    Special Instructions:		
	PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   PRN   Prescriber sign   Stop date   Prescriber sign		

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