

Dentistangpinoy.com

Name of Clinic: _____

Address: _____

Contact nos. _____

Name of Patient _____

Address _____ Age _____

Date _____



Oral Co Amoxiclav 625mg

_____ capsules

Sig: Take one (1) capsule every 12 hours

for _____(days)

Dr. _____

Lic # _____

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