Dentistangpinoy.com Dentistangpinoy.com Name of Clinic: Name of Clinic: _____ Address: Address: Contact nos. Contact nos. Name of Patient_____ Name of Patient_____ Address ______Age___ Address ______Age___ Date _____ Date _____ Oral Co Amoxiclav 625mg Oral Co Amoxiclav 625mg #_____ capsules #_____ capsules Sig: Take one (1) capsule every 12 hours Sig: Take one (1) capsule every 12 hours for _____(days) for _____(days) **Dentistangpinoy.com Dentistangpinoy.com** Name of Clinic: Name of Clinic: Address: _____ Address: _____ Contact nos. Contact nos. Name of Patient______Age___ Name of Patient_____ Address ______Age___ Date _____ Date _____ Oral Co Amoxiclay 625mg Oral Co Amoxiclay 625mg #_____ capsules #_____ capsules Sig: Take one (1) capsule every 12 hours Sig: Take one (1) capsule every 12 hours for _____(days) for _____(days) Dr. _____ Dr. _____ Lic#_ Lic # ____