Dentistangpinoy.com	Dentistangpinoy.com
Name of Clinic:	Name of Clinic:
Address:	Address:
Contact nos.	Contact nos.
Name of Patient	Name of Patient
AddressAge	AddressAge
Date	Date
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Oral Metronidazole 500 mg	Oral Metronidazole 500 mg
# capsules	# capsules
Sig: Take one (1) capsule every 6-8 hours for 7 days	Sig: Take one (1) capsule every 6-8 hours for 7 days
Dr Lic#	Dr Lic #
Dentistangpinoy.com  Name of Clinic:	
Name of Clinic:Address:	Name of Clinic:Address:
Name of Clinic: Address: Contact nos	Name of Clinic: Address: Contact nos
Name of Clinic: Address: Contact nos Name of Patient	Name of Clinic: Address: Contact nos. Name of Patient
Name of Clinic: Address: Contact nos Name of Patient	Name of Clinic:  Address:  Contact nos.  Name of Patient  Address  Age
Name of Clinic: Address: Contact nos Name of Patient AddressAge	Name of Clinic:  Address:  Contact nos.  Name of Patient  Address  Age
Name of Clinic: Address: Contact nos Name of Patient AddressAge	Name of Clinic:  Address:  Contact nos.  Name of Patient  Address  Age
Name of Clinic:	Name of Clinic:  Address:  Contact nos.  Name of Patient  Address  Date
Name of Clinic:	Name of Clinic:  Address: Contact nos.  Name of Patient Address  Date  Oral Metronidazole 500 mg
Name of Clinic:	Name of Clinic:  Address: Contact nos.  Name of Patient Address  Date  Oral Metronidazole 500 mg # capsules