

CANE HILL HOSPITAL, COULSDON

Prescription for self-administered medicines

Patient's name: **DAVID BEALES**

Ward: **BROWN**

For leave discharge (please indicate)
 working outside hospital

Pharmacy			Prescription
8x 15	4x 15	15x 15	PERICYAZINE 25 mg ^{at night}
4x 4	4x 4	15x 4	FENTAZINE 4mg ^{- at 5.00pm}
8x 100	4x 4	15x 15	LAMICTIL 100 mg ^{oral once daily}
12x 10	12x 12	45x 10	PROPRANOLOL 40 mg ^{TDS}
12x 12	12x 12	20x 20	PARACETOL TAB 1TDS

Date dispensed			Patient leaving:			Doctor's signature
on (date)	at (time)	for (days)	on (date)	at (time)	for (days)	
2/5	2/4	4/6	29.5.80		14 days	<i>[Signature]</i>
ml	ml	ml	<i>[Signature]</i>			
Checked by			29.5.80		14 days	<i>[Signature]</i>
<i>[Signature]</i>			5/6/80	am	15 days	<i>[Signature]</i>

This form will be returned to the ward with the medicine.
 It should be retained until further supplies are required.