

PRESKRIPSI/ PRESCRIPTION

Nama , Alamat, Nombor Telefon Klinik/ Hospital <i>Name, Address, Telephone Number Of Clinic/ Hospital</i>		:	
MAKLUMAT* PELANGGAN CLIENT'S* INFORMATIONS	Nama/ <i>Name</i> (Orang yang akan menerima ubat. / <i>The person to whom such medicine is to be delivered</i>)	:	
	Alamat & Nombor Telefon <i>Address & Telephone Number</i>	:	
	No. Kad Pengenalan/ Pasport <i>IC/ Passport Number</i>	:	

Dilengkapkan oleh Ahli Farmasi: nama, alamat, tandatangan, cop dan tarikh pendispensan.
To be completed by Pharmacist: name, address, signature, stamp and dispensing date

UBAT MEDICINES	Nama Ubat, Kekuatan, Dos & Kuantiti/ Tempoh Rawatan <i>Name Of Medicines, Strength, Dose & Quantity/ Treatment Period</i>		Kuantiti Dibekal <i>Quantity Supplied</i>
Catatan/ <i>Remarks</i>			
Nama Doktor & Cop <i>Doctor's Name & Stamp</i>		:	Tanda tangan dan Tarikh <i>Signature and Date</i>

CONTOH PRESKRIPI UNTUK KLINIK/ HOSPITAL VETERINAR