المنصّة الوطنية للأدوية المُراقبة
The National Platform For Controlled Medications

Prescription Details

Active

Prescription No	Prescription Issue Date	Prescription Expiry Date	Physician License And Name
OUT-2024-1525217	25/11/2024 21:47	28/11/2024 21:47	28040827-002 / Enomen Goodluck Ekata

Physician Speciality	Physician Profession	Physician Major	Physician Category
General Practice	N/A	General Practitioner	Physician

Physician Facility Name And License	Prescription Reference Id
0047965 / Peshawar Medical Center LLC	4357121742265

Patient Details

Patient Name	EID Number	Document Number	Document Type
MOHAMED SHOKRI AHMED MOHAMED SOLIMAN	784198708573278	A23232818	Ordinary Passport (Normal)

Age	Marital Status	Gender	Phone Number
37	N/A	Male	0506577806

Address

N/A

Diagnosis Details

Primary: (G89.18) - (Other acute postprocedural pain)

Secondary:

1. (L60.0) - (Ingrowing nail)

2. (L03.116) - (Cellulitis of left lower limb)

Prescribed Drug Details

Drug

TRAMADOL HCL - 50mg - Capsule - CD (Controlled Medication) - 05581

Strength	Route Of Admin	Dosage
50mg	Oral	1 Capsule 3 times per Day for 3 days

Quantity Prescribed		Refill No.	Justification And Dosage Advice
9.0	Capsule	0 / 0	N/A