Doctors on Wheels
136 2nd St, Randjespark, Midrand, 1685

Date:_____

Prescription

Patient Name:_____
Date of birth:_____
Address:_____

Drug name	**Dose** (strength and route)	**Frequency**	**Repeat**

Signature & Official Stamp
of attending doctor
Dr Sam Luzulane
MBChB (UCT)
PCNS: 1339370
MP1011545