

# Prescription : (Id: 53)

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**Dr. kevine**

**Soins aux enfants, de la naissance à l'adolescence.**



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**Date:** 09-10-2025

**Prescription Id:** 53

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**Patient:** kevin TEST

**Patient ID:** 79

**Age:** 0Y 0M 0D

**Gender:** Male

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**History**

**Note**

**Advice**

☐ **Medicine**

**Medicine Instruction Frequency**

- 100 mg 5 - After Food 1+1+1

Dr. kevine

Signature

**BARCLÉS**

Douala, Bonamoussadi, Rond Point Maetur Cameroon

676991275

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This prescription is valid for 30 days from the date of issue. Please consult your doctor for any changes or concerns.

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