Nature Care College

PRESCRIPTION AUTHORISATION

Date: 23/09/2021

Patients Details:

First Name: Melissa **Last Name:** Davies

Phone No: 0420694415

Date of Birth: 19 / 02 / 1980

Presenting Problem:
Cyclical episodes of gut disturbances with significant bloating, nausea, feeling light headed, visual disturbances, headaches, vomiting (in some instances) which is debilitating and lasts approx 4 days.

Current Medications:
Ventalin (as required)

Arnuit- elpta 100micro grams (Fluticasone, Furoate)

Allergies:
Environmental-pollen, dust, animals
Dietary- Gluten

Student Practitioner Details

Student Practitioner's Name: Kerryn Rayner

Student Practitioner's Signature:

Student Phone No: 0419 995 909

CLINIC SUPERVISOR DETAILS

Supervisor / Lecturer's Name:

Supervisor / Lecturer's Signature:

Supervisor / Lecturer's Phone No:

NB: Incomplete prescriptions and forms without a legible supervisor's name and signature will NOT be made up. The Information contained herein will remain confidential.

Only Prescriptions signed by a Nature Care Supervisor or Lecturer will be accepted.

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PRESCRIPTION:
(for herbal formulas state botanical name and amount of each ingredient)

Matricaria recutita- 70ml 1:2
Rhodiola rosea- 40ml 1:2
Schisandra chinensis- 60 ml 1:1
Lavendar- 30ml 1:1

Supplements

Biopractica- Permaheal 2 tsp (6g) daily
Biomedica- Enterocare 1 tsp once or twice daily

Dose: 7mls 2x

Bottle size: 200 _____ *mls*

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