



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

CORK UNIVERSITY HOSPITAL

OSPIDÉAL OLLSCOIL CHORCAÍ

021-4546400

PATIENT INFORMATION (do not use addressogram)

Name: _____

Address: _____

MRN. _____ DOB. _____

Tel: Home _____ Tel: Mobile _____

Diagnosis: _____

Allergies:

HOME IV ANTIBIOTIC PRESCRIPTION :
Cefazolin twice daily

Rx :

Cefazolin 2g bd IV

Water for injection 10ml ampoule x2 per day

Sodium chloride 0.9% 10ml ampoule x4 per day

By _____ days

Prescribers signature: _____

MCN/NMBI No: _____

Name (Please print): _____

Bleep number: _____

Date: _____

Review date: _____

Please note Cefazolin is an Unlicensed medication.