



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 once daily**

**Rx :**

**Cefazolin 2g od IV**

**Probenecid 1g od po**

**Water for injection 10ml ampoule x 1 per day**

**Sodium chloride 0.9% 10ml ampoule x 2 per day**

**By \_\_\_\_\_ days**

**Prescribers signature: \_\_\_\_\_**

**MCN/NMBI No: \_\_\_\_\_**

**Name ( Please print): \_\_\_\_\_**

**Bleep number: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Review date: \_\_\_\_\_**

***Please note Cefazolin and Probenecid are Unlicensed medications.***