

Birthdate: 1940/JAN/24 Height:

Patient Name: Larivee, Charles Gary

HCN: 6183 846 770 TH Other ID: Type # Allergies: sulfa drugs, No Known Food Allergies, Wasps			
Pharmacist please noteAllergy list may be incomplete.			
Patient Address:	U ,	Home Phone: Work Phone:	(519) 633-8952
Prescription Details:			Date Issued: 2017/04/12
	0.4 mg sublingual spray spray subLINGUAL q5 minutes PRN chest pa 1 (one) cartridge	ain	Refills: 0 LU Code: EAP Approved:
End of Presc	riptions	-	
ATTN Communit additional medicati	y Pharmacist: The patient may also have a Discion information	harge Medicatio	n Plan that contains
Prescribed by: Timoth Prescriber Signature St. Thomas Elgin Gene		_	Desistration# 20207
189 Elm Street St. Thomas, Ontario			Registration#: 28287 Phone:
N5R 5C4			Fax: (519) 631-6143

Age: 77 Years Weight:

Sex: Male

Location: SE-CICU BSA: