

## Paper Order Report

**Order #:** 10

**Order Date:** 2023-Mar-02 06:41:21

**Form:** Medisystem Prescription Form

**No. of Residents:** 1

**Home:** CareFirst Pharmacy

**User Name:** steven

**Unit:** Unit 1

**Login:** admin

Resident Name	Qty	Page address
Doe John	5	326.1525.0.0-326.1525.0.4