# SOUTH BAYLO UNIVERSITY CLINIC

www.southbaylo.edu/clinic

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## HERBAL PRESCRIPTION for Intern's Practice

Intern Name: _____ File # : _____

Herbal Formula Name: _____ Date: ____/____/_____

| No. | INGREDIENTS | CATEGORY or FUNCTION | DOSAGE |
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| Discuss about Herbal Formula and Modification | | | |
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Supervisor _____
*signature*