

Doctor's Name

Qualification (eg.MBBS, MD)

Regn. No •

Full Address, Contacts: (telephone No. E-mail etc.)

Date:

Name of the Patient .....

Address\* .....

Age & Sex ..... weight\*\*

Rx

1) Name of Medicine\*\*\*

Strength, dosage instruction, duration & total quantity \*\*\*

2) - d o -

3) - d o -

Doctor's signature  
Stamp

DISPENSED

Date: ..... Pharmacist`

Name of Pharmacy: .....

City

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\*Postal address/E-mail/Mobile

Number \*\*for Paediatric Patients \*\*\*

in capital letters only

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Minimum size of the prescription blank should be (a) 14 X 21 cm (AS size) & (b) XI x XI cm size.