



**UTTAR PRADESH UNIVERSITY OF MEDICAL SCIENCES
SAIFAI, ETAWAH - 206130 (U.P.)**

S. No.

Prescription for Essential Narcotic Drug
(Registered Medical Practitioner's Copy)

CR No. :

Date :

1. Name of Patient (Capital letter)..... Age Sex

2. Complete postal address (with contact number, if any).....
.....

3. AADHAR / ID No. of Patient.....

4. Whether registered with any other registered medical practitioner / recognized medical institution

(If yes, details to be recorded).....

5. Brief description of the illness.....

6. Description of Drugs:

S. No.	Name of Drugs	Dose	Total Qty.

Approved Practitioner Full Name (Capital letter).....

Registration No.....

Signature and Stamp
(RMP)

Hosp/GEN-22