



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

S. No.

**Prescription for Essential Narcotic Drug**  
(Pharmacy 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-23