## Standard Prescription Format for ASU Drugs

**Part -1 – Information about the Prescribing Doctor**

Full Name with prefix Dr. /Vd./Hakim

Qualification: U.G. and if applicable P.G. with spatiality

Exp. -B.A.M.S., M.D. (Ayu) – Kayachikitsa

Registration No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Address with contact telephone number and e-mail

Prescription serial number Date of prescription

## Part -2 Information about the patient

Full Name

Full address with contact number and e-mail

Sex Age Prakruti Identity marks (Minimum two)

## Part 3- Information of the prescribed drug

Rx

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. | Name of | Granthadhar and | Dosage | Dose | Frequency and | Anupan | Total |
| no. | formulation | Rogadhikar, if | form | in metric | Time of |  | quantity |
|  | in capital | applicable | e.g. | measure | administration w. |  | and |
|  | letters Legible |  | Tab./ | e.g. mg./ | r. t. Bhaishajya |  | Duration |
|  | writing |  | Powder, | ml etc. | Sevan Kala |  |  |
|  | with per unit |  | Kvath |  |  |  |  |
|  | strength |  | etc. |  |  |  |  |

Refill advised / not advised If advised frequency of refill (not more than 2)

## Part -4 - Instructions regarding diet

Diet to be preferred Diet to be avoided

## Part 5 - Authentication

Prescribing Doctor’s signature with date and seal

## Part 6 – Information of dispensing pharmacist

If full prescription is not dispensed, name or the Items dispensed with quantity If refill, number of refill

Date of dispensing

Name and address of dispense