

अखिल भारतीय आयुर्विज्ञान संस्थान नागपुर
प्लॉट नं. 2, सेक्टर 20, मिहान, नागपुर - 441108
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR.
Plot No 2, Sector 20, MIHAN, Nagpur- 441108
Website: - www.aiimsnagpur.edu.in E-mail: - pharmacaiims@gmail.com
Department of Pharmacology



Inward number:

Date:

Drug Information Request Form

Date received:

Time:.....

OPD/IPD/Location.....

Need response within.....hours

Requestor name:

Requestor contact details:

Requestor type: (Tick in the box below)

Request priority: High Low

<input type="checkbox"/> Doctor	<input type="checkbox"/> Pharmacist	<input type="checkbox"/> Nursing officer	<input type="checkbox"/> Technician
<input type="checkbox"/> Patient	<input type="checkbox"/> Caregiver/family	<input type="checkbox"/> Others	<input type="checkbox"/>

Actual question:.....
.....

Background information (Include sources that the requestor has already checked):
.....
.....

Does the request relate to a specific patient? Yes No; If yes, fill in the following details.

CR number:

Gender: M/F

Age:

Weight:.....kg

Current medical problems	Relevant drug therapy:	Drug allergies	Imp. laboratory findings

Other details:

If pregnant, specify: First trimester Second trimester Third trimester

If breastfeeding,

Age of the infant:.....

Signature of the requestor