

LOCAL PURCHASE OF MEDICINES FOR THE PGI STAFF CLINIC

Name of the patient _____ Age _____

Staff Clinic No. _____ Name of employee _____

Department _____ Designation _____

Relation of the patient with the employee _____

Diagnosis _____

The following drug(s) have been prescribed by me for the above patient. The drug/ its substitute (if available in Hospital) be arranged and supplied to the patient

1. _____

2. _____

3. _____

4. _____

Medical Superintendent
P.G.I. Chandigarh

Consultant
Full name with Stamp

Note: Tonics, vitamins, enzymes and cosmetics should not be prescribed as these are not admissible for reimbursement.