

MAHARASHTRA MODEL PRESCRIPTION FORMAT

Doctor's (Prescriber's) Full Name ^{D1}

Qualification (eg.M.B.B.S., M.D.) ^{D2}

Reg. No.: (specify alphabets specifying pathy) /Reg. No ^{D3}

Full Address, ^{D4} Contacts: (telephone no, email etc) ^{D5}

Prescription Serial Number ^{D9}

Date: dd/mm/yy ^{D6}

Patient's full Name ^{P1}

Patient's Address and Phone number: ^{P2}

Sex ^{P3}Age ^{P4}Weight ^{P5}

Rx ^{D10}

1) Name of Medicine ^{M1}, As far as possible, generic name in capital letters.

Strength ^{M2}, dosage form ^{M3}, dosage instruction ^{M4}, duration & total quantity ^{M5}

2)

3)

“ Or any other cheaper generic medicine as per choice of patient.”

Doctor's signature & date ^{D7}

Doctor's stamp ^{D8}

Dispensed By :
Name and Address of Medical Store,
Date of dispensing :-

If entire prescription is not dispensed, specify name
or number of medicine and quantity dispensed.
Name and Address of Medical Store,
Date of dispensing :-