



भारतीय आयुर्विज्ञान परिषद्
MEDICAL COUNCIL OF INDIA

75
YEARS

पॉकेट - 14, सेक्टर - 8, द्वारका, नई दिल्ली - 110 077
Pocket - 14, Sector - 8, Dwarka, New Delhi - 110 077

Platinum Jubilee
(1933 - 2008)

No. MCI - 211(2)(Gen.)/2014-Ethics./ 155202

Date: 30/01/2015

To,

The Registrar,
All the State Medical Councils,

Subject:- Model Prescription Format for the purpose of making prescription by the Registered Medical Practitioners.

Sir/Madam,

Please refer to this office letter dated 29.05.2014 seeking your opinion /observation on the proposed 'Model Prescription Format'.

Based on the observation/opinion received from the various State Medical Councils, the Medical Council of India has finalized the 'Prescription Format' for the purpose of making prescription by the Registered Medical Practitioners.

A copy of the same is attached herewith for your ready reference.

You are therefore requested to take further necessary action in the matter, accordingly.

Yours faithfully,


(Dr. Reena Nayyar)
Secretary I/C

Encl.: As above.



Doctor's Name

Qualification (eg. MBBS, MD)

Regn. No.: (ALLOPATHY)

Full Address, Contacts: (telephone No. E-mail etc.)

Date:

Name of the Patient.....

Address*.....

Age & Sex weight**

Rx

1) Name of Medicine***

Strength, dosage instruction, duration & total quantity ***

2) - do -

3) - do -

Doctor's signature
Stamp

DISPENSED

Date: Pharmacist:

Name of Pharmacy:
City

*Postal address/E-mail/Mobile

Number **for Paediatric Patients ***

in capital letters only

Minimum size of the prescription blank should be (a) 14 X 21 cm (A5 size) & (b) XI x XI cm size.

