OPD Prescription Format

UHID No.:	**Unit:**
Patient's Name:	**Doctor:**
Age/Sex	**Day/Time**
Contact No.	**Patient/Category**
Issue Date:	**Receipt / Amt:**

General & Physical

Examination Weight:

P.R.:

B.P.:

Temp.:

R.R.:

Spo2:

Allergies (If any):

Past Medical/ Surgical

History:

Nutritional Needs:

Investigation:

PAIN SCORE

3 – Severe Pain
2 – Moderate Pain
1 – Mild Pain
0 – No Pain

Follow up
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…

Chief Complaints with

History:

Systemic Examination:

Diagnosis:

Treatment Advice:

Name, Signature & Stamp of the Consultant

Disclaimer

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