Date: _____

Patient's name: _____ Age: _____ Gender: _____ OPD registration: _____

Chief Complaints:

Sr.	Complaint	Duration

Vital Signs:

Pulse (per minute): _____ Respiratory rate (per minute): _____

Blood pressure (mm Hg): _____ Temperature: _____

Systemic:

Sr.	System	Findings

Rx:

Sr.	Dosage form	Drug name	Strength	Route	Frequency	Duration	Instruction

Other Instructions: _____

Physician's signature: _____ Stamp: _____