

Name - NAME_HERE | Passport Number - P_NO_HERE

Name of Medicine	Dosage / Duration	Use
Tab Augmentin - CV (Amoxycillin (500mg) + Clavulanic Acid (125mg))	1-0-1, for 5 days	Skin and soft tissue infection
Tab Cefpodoxime 200mg (Gudcef 200mg)	1-0-1, for 5 days A.F	URI (upper respiratory infection), Tonsillitis
Tab Ornof (Ofloxacin + Ornidazole]	1-0-1, for 5 days, after food	stomach infection
Tab Metrogyl 400mg	1-0-1, for 5 days, after food	for oral infection
Tab Doxy 100mg	1-0-0, for 5 days, after food	for atypical infections
Tab Meftal Spas [Mefenamic acid and Dicyclomine]	1-0-1, as needed, after food	crampy pains
Tab Dolopar [Caffeine+ Paracetamol+ Acetaminophen]	1-0-1, as needed, after food	headache
Tab Montair- LC [Monteleukast + Levocetirizine]	0-0-1, as needed, after food	for allergy
Voveran emulgel	topical application in sprain/strain areas, as needed	sprain/strain
Cap PAN-D [Pantoprazole + Domperidone]	1-0-0, for 7 days	for acidity
Inhaler Asthalin [Salbutamol]	2puff-2puff-2puff-2puff, as needed	for allergic wheeze
Inhaler Seroflo [Salmeterol + Fluticasone propionate]	1puff-0-1puff, for 5 days	preventer for allergic wheeze
Tab Wysolone 40mg [Prednisolone]	1-0-0, for 5 days	rescue medicine for allergic tendency
Mupirocin Ointment	1-1-1, for 5 days	Wound dressing

Moisol eye drops	2 drops in lower lid, 1-0-1, for 3 days	red eyes
Dento gel	1-1-1-1, before food, for 3 days	topical application in mouth ulcer
Micropore 1 inch - 3 nos		for local wound dressing
3 inch bandage cloth - 5 nos		for local wound dressing
5 inch cotton roll - 2 nos		for local wound dressings
Metrogyl-P ointment		local wound dressing
Vicks Vapourub		

*Please make sure you get all these billed in your name, put doctors name also, and obtain 2 duplicate copies from pharmacy

*Ensure all the medicines are of long expiry dates [atleast 1-2 years]

*Get all these medicines prescribed from a local doctor in his letter head, signed and seal affixed [with license no]

Also another declaration addressing " to whomsoever it may concern" stating your name, usa address, passport number, these medicines are for emergency personal use, and all the side effects and uses explained to you.

To whomsoever it may concern,

Name - NAME_HERE

USA Address - ADDRESS_HERE

Passport - P_NO_HERE

The medicines prescribed above are for emergency personal use, and all the side effects of the aforementioned medicines have been explained to NAME. The usage of the same has been explained as well.