RAIPUR INSTITUTE OF MEDICAL SCIENCS

RIMS KNOWLEDGE PARK, BHANSOJROAD, OFF NH- RAIPUR-492101, CHHATTISGARH, INDIA

AFTER HOURS PHARMACY INDENT-RSBY

Patient Name :_____ **IPD :-** _____

Age :-_____ **Ward :-** _____

S.NO.	MEDICINE NAME	QTY	REMARK

Sister Incharge Name :- _____**Signature :-** _____**Date:** _____