RAIPUR INSTITUTE OF MEDICAL SCIENCS

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

PHARMACY INDENT-RSBY

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

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

S.NO.	MEDICINE NAME	QTY	REMARK

Pharmacist Name :- _____**Signature :-** _____**Date:** _____