No. MCI – 211(2)(Gen.)/2014-Ethics/155202 Date: 30/01/2015

To,

The Registrar,
All the State Medical Councils,

Subject:- Model Prescription Format for the purpose of making prescription by the Registered Medical Practitioners.

Sir/Madam,

Please refer to this office letter dated 29.05.2014 seeking your opinion/observation on the proposed 'Model Prescription Format'.

Based on the observation/opinion received from the various State Medical Councils, the Medical Council of India has finalized the 'Prescription Format' for the purpose of making prescription by the Registered Medical Practitioners.

A copy of the same is attached herewith for your reedy reference.

You are therefore requested to take further necessary action in the matter, accordingly.

Yours faithfully,

(Dr. Reena Nayyar)
Secretary I/C

Encl.: As above.
Doctor's Name

Qualification (e.g., MBBS, MD)

Regn. No.: ........................................................................ (ALLOPATHY)

Full Address, Contacts: (telephone No. E-mail etc.)

Date:

Name of the Patient.................................................................

Address*..........................................................................

Age & Sex ................................................................. weight**

Rx

1) Name of Medicine***

Strength, dosage instruction, duration & total quantity ***

2) - do -

3) - do -

DISPENSED

Date: ............ Pharmacist: .................

Name of Pharmacy: .................

City

*Postal address/E-mail/Mobile

Number ** for Paediatric Patients ***

in capital letters only

Minimum size of the prescription blank should be (a) 14 X 21 cm (A5 size) & (b) XI x XI cm size.