



Primary Health Centre

Medicine Requisition Form

Employee Name \_\_\_\_\_ PF No. \_\_\_\_\_ Date \_\_\_\_\_

Designation: \_\_\_\_\_ Department / Section: \_\_\_\_\_

Name of the patient and relationship to the employee: \_\_\_\_\_

Name of the Doctor Referred: \_\_\_\_\_ (Please attach prescription)

Sl. No.	Medicine Name	Qty.		Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

I request above mentioned medicine may be provided through PHC for the month of ..... I am not claiming these medicine as separate medical reimbursement bill.

.....  
(Name & Signature)

----- **For official use only** -----  
Medicines are forwarded for purchase as per the attached prescription dated.....

.....  
(Inst. Doc. Name & Signature)

.....  
Faculty In-Charge PHC