



Addition to CRH Formulary



Handwritten notes in blue ink:
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|---|--|-------------------------|---|
| Name of Drug: | | Generic Name: | |
| Strength/Formulation: | | Manufacturer: | |
| Drug To Replace: | | Drug is Life Saving: | YES <input checked="" type="radio"/> NO <input type="radio"/> |
| Cost Per Unit[Special Hospital Rate] (Rs): | | M.R.P. (Rs): | |
| Expected monthly Consumption: | | | |
| Specific Advantage Over Other Drug: | | | |
| Any Specific Remarks: | | | |
| Requesting Dept: | | Requesting Doctor Name: | |
| Date: | | Designation: | |
| Remark of Therapeutic & Pharmacy Committee | | | |
| For Use By MS Office | | | |
| COO | | | MS |
| Action By Pharmacy | | | |