BLDEA'S COLLEGE OF PHARMACY, BASAVAN BAGEWADI

Drug Information Request Form

Requestor's details:

First Name……. Last Name……....

Mobile No……... Email Id……

Organisation: Hospital/Pharmacy……

Requestor's Designation:

☐ **Physician** ☐ **Pharmacist** ☐ **Others**

Request/Question/Problem:

Patient Details:

Age……. **Gender…….**

Medication History……

Diagnosis/Disease state……

Current medications…….

Type of Request

○ Product Identification	○ Drug availability	○ Dosage form formulation
○ Pregnancy/Lactation	○ Cost	○ Therapeutic use
○ Drug of Choice	○ Dose Adjustment in Kidney Failure	○ Stability/Compatibility
○ Dosage administration	○ Adverse Drug Reaction	○ Other (specify below)
○ Abuse/Addiction	○ Pharmacokinetics	○ Laws/Policy/Procedure
○ Dose calculation for child	○ Vaccine safety	○ Teratogenicity/Genetic effects
○ General information	○ Drug Interactions	○ other
○ Toxicology	○ Investigational drug	

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