



**ROYAL GOVERNMENT OF BHUTAN
NAME OF HCC
DZONGKHAG**

OPD PRESCRIPTION

CID/Reg. No:		Date:		
Patients Name		Gender	M F Others	
Address		Age		
Referred From	Service referred to			
Health Problem/ Diagnosis	Disease Code (ICD 10)	a.		
		b.		
		c.		
Investigation/Treatment/Therapy/Drugs Prescribed (Continue Overleaf)				
Is Further referral required?		No	Yes	Specify where & for what
Name of Prescriber:				
Designation:				
BMHC No.:				