تاریخ:	بسمه تعالی معاونت غذا و دارو	عنوان فرم : ثبت اطلاعات داروها و سموم
شماره ثبت:		شماره فرم : ۰۲-۰۱-۲۲

Request No: **Date:** **Time Received:**

Patient Information:
Name: Age: Weight: Sex: ☐Male ☐Female

Question(s): ……...
……
……

Diagnosis/Meficial History:
Druo History/Allergies:
……

Request Classification			
☐ADR	☐ Drug Identification	☐ Drug Advers Effect	☐ Drug Forgoten
☐Dosage/Administration	☐ Drug Chem Class	☐ Availability	☐Compatibility
☐Pregnancy/Lactation	☐ Drug Evaluation	☐ Drug Interaction	☐ Drug Therapy
☐Drug Substituent	☐ Pharmacokinetics	☐ Poisoning	☐ Drug Abuse
☐Drug Storage	☐ Toxicology	☐Articles/Reviews	☐ Assay/Chem
	☐ Paraclinic	☐Medical information	☐ Others

Priority: ☐Immediately ☐Same Day ☐ Others

Searcha Source(s):	☐ Mosby Nursing Drug Reference		☐Physician Drug Hand book
☐ Martindale	☐ Fact Comparison	☐ Drugdex	☐ Poisindex
☐ Inchem	☐ Intox	☐ Emergindex	☐ Identidex
☐ Index Nominum	☐ Haddadwin Chester	☐ Harrison	☐ Current
☐ Merck Index	☐ Ellenhorn	☐ Drug Inf.Full text	☐ PDR
☐ Medline	☐ BNF	☐ Remington	☐ USPDI
☐ IOWA	☐داروهای حلال احمر	☐داروهای ژنتیک	

☐ Internet:……
☐ Others (Please Specify) ……...

Reply: ☐Oral ☐ Written ☐ Litrature Sent

Answered by: Data: Time: Signature:

Answer(s): ……
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……
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Checked by:
Anynotice: