PHARMACY

v3.20.6

Patient ID ☐☐☐ - ☐☐☐ - ☐☐☐☐☐ - ☐
District Facility Serial no.

Patient Last Name _____ Patient First Name _____

Allergies to medications:

	ARVs DISPENSED						NON-ARVs DISPENSED			
Date dd/mm/yy	Drug(s) dispensed INN*	Brand/trade name dispensed	Dose and frequency	Quantity dispensed	Lot number	Next visit date dd/mm/yy	Drug name/dose Frequency/quantity	Drug name/dose Frequency/quantity	Pharm initials	Data entry initials
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All entries must be made in ink. Corrections may be made by drawing a line through the incorrect entry, entering the correct entry, and signing your initials by the correction.
*INN = International Non-proprietary Name. Please fill this column using the INN abbreviation for ARVs, e.g., AZT, 3TC, NVP, D4T
Data entry staff: please sign your initials on each row after entering pharmacy information in SmartCare.