



SHRI VATS AYURVEDIC CHIKITSALAYA

640/ C, Chirag Delhi, New Delhi-110017

PH. No.011-29256867 / 7982440732

DAILY MEDICATION SCHEDULE

UHID: UAC 2139 OPD 2140

Date: 16/09/2021

Patient Name: Mrs. P. R. Dabral

Allergies: No

Consultant: DR. Pushkar Sharma DOA: 16/09/21

PERSONAL MEDICATION RECORD

Name: <u>ASHU</u>	Pharmacy: <u>ASHU</u>	Physician: <u>DR. Pushkar Sharma</u>
Name:	Pharmacy:	Physician:
Name:	Pharmacy:	Physician:
Name:	Pharmacy:	Physician:
Name:	Pharmacy:	Physician:

NAME OF DRUG	DOSE	DATE	TIME OF DRUG
① Anu Tail (Nasya) L/A	5-5 drops (Right & Left Nose Both)		
	(Empty Stomach) (Morning Time only)		
② Tb. Boostoj	13 D x 7 Days		
	With Lukewarm water		11 A.M. 6 P.M.
③ Tb. Chandraprabha Vati	3 Tb. O.D x 7 Days		
	with Some Hot Milk		
	at Sleeping Time		
	Before Sleep		

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