Drug Utilization Form

This is to certify that _____ (patient's name) has utilized drug _____ (Medicine name), quantity _____ (no. of drug unit delivered) received from Rx4u through NPP program. Below is the summary of Drug utilization:

Date	Quantity of drug used	No. of dose per day	Quantity of drug remaining

Name of Patient:

Name of Doctor:

Date:

Place:

Total drug received (in no.):

Total drug utilized (in no.):

Signature of Patient: