



National Medicines Regulatory Authority

Name of the Prescriber	:			
Designation	:			
Contact Details	Tel. No.	:		
Name of Institution/Clinic	:	Email	:
SLMC Registration no	:			
Name of the Patient	:			
Patient Age	:			
Name of the Product	:			
Dosage Regimen	:			
Indication	:			
Special reasons to use this unregistered medicine in a situation where registered therapeutic alternative medicines are available (if applicable)					
Special reason to use this Brand in a situation where registered brands are available (if applicable)					
Declaration for the Prescriber					
I undertake that this medicine/medicines are "Not for Sale" and used only for the treatment of above patient. I am fully aware that the therapeutic product requested in this application is not registered under the NMRA and has not been evaluated for its quality, safety and efficacy by the NMRA hence, I will bear the full responsibility for the safety and risk in the choice and use of the product/products on my patient.					
I declare that the unregistered product is required for the treatment of a patient under my care whose condition will be clinically compromised without the unregistered therapeutic product.					
I am aware that I should provide a report on the use of this product/products in this patient when treatment is finished or at six months whichever comes earlier and issuing of future licences will be conditional to the reports being provided.					

Consultant/Medical Officer/Dentist

Date