



## NEEUPURE PHARMA PVT. LTD.

Plot No. 222, Sector-7, IIE, Sidcul, Haridwar (Uttarakhand)

### ADVERSE DRUG REACTION REPORTING FORM

Sr. No. as per C	9. Action Taken (Please tick)						10. Reaction reappeared after reintroduction (please tick)			
	Drug withdrawn	Dose increased	Dose reduced	Dose not changed	Not applicable	Unknown	Yes	No	Effect unknown	Dose (if reintroduced)
i										
ii										
iii										
iv										

11. concomitant medical product including self-medication and herbal remedies with therapy dated (Exclude those used to treat reaction)

Sr. No.	Name (Brand/ Generic)	Dose used	Route used	Frequency (OD, BD, Etc.)	Therapy dates		Indication
					Date started	Date stopped	
i							
ii							
iii							

**Additional Information:**

**D. REPORTER DETAILS**

**16. Name and Professional Address:**

Pin \_\_\_\_\_ E-mail \_\_\_\_\_

Tel. No. (with STD code) \_\_\_\_\_

Occupation: \_\_\_\_\_

Signature: \_\_\_\_\_

17. Date of this report (.....):

**Confidentiality: The patient's identity is held in strict confidence and protected to the fullest extent.**