Non-Availability Certificate

This is to certify that following medicine(s) prescribed by Dr._____

of _____ is/are not available at our Pharmacy, AIIMS Rajkot on

_____(Date).

1……………………………………….   2…………………………………………

3……………………………………….   4…………………………………………

Date   (Signature with seal of Pharmacist
                                                            of Authorized Pharmacy)