



**HOSPITAL SULTAN ABDUL AZIZ SHAH  
UNIVERSITI PUTRA MALAYSIA  
Kod Dokumen: HSAAS/FAR/BR209**

**DRUG ENQUIRY FORM**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Ref. No.: \_\_\_\_\_

<p>Name of Enquirer: _____          Designation: _____          Phone No.: _____          Ext. No.: _____          Unit: _____  <b>Professional Status:</b>  <input type="checkbox"/> Specialist    <input type="checkbox"/> Med. Officer    <input type="checkbox"/> HO/PRP  <input type="checkbox"/> Interns        <input type="checkbox"/> Pharmacist     <input type="checkbox"/> Nurse  <input type="checkbox"/> Public         <input type="checkbox"/> Others: _____</p> <p>Signature:.....</p>	<p><b>Mode of request:</b>  <input type="checkbox"/> Direct    <input type="checkbox"/> Ward rounds    <input type="checkbox"/> Phone</p> <p><b>Answer needed:</b>  <input type="checkbox"/> Immediately    <input type="checkbox"/> Within 2-4hrs  <input type="checkbox"/> Within 1-2days    <input type="checkbox"/> Others: _____</p>
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**Question Category:**

<input type="checkbox"/> Drug therapy <input type="checkbox"/> Indications <input type="checkbox"/> Efficacy <input type="checkbox"/> Pharmacokinetics/Pharmacodynamics <input type="checkbox"/> Dosage/Administration <input type="checkbox"/> ADR <input type="checkbox"/> Interactions <input type="checkbox"/> Contraindications	<input type="checkbox"/> Pregnancy/lactation <input type="checkbox"/> Poisoning <input type="checkbox"/> Stability <input type="checkbox"/> Identification <input type="checkbox"/> Incompatibility <input type="checkbox"/> Cost/Availability <input type="checkbox"/> Others
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**Purpose of Enquiry:**

<input type="checkbox"/> Treatment	<input type="checkbox"/> Regulatory	<input type="checkbox"/> Research
<input type="checkbox"/> Enforcement	<input type="checkbox"/> Others: _____	

**Relevant Patient Details (if applicable):** Patient' name: \_\_\_\_\_ MRN: \_\_\_\_\_

**Enquiry details (question):**  
 \_\_\_\_\_  
 \_\_\_\_\_

*To be filled by pharmacist*

**Enquiry Response (answer)**

<p><b>References:</b>  <input type="checkbox"/> Text Book: _____  <input type="checkbox"/> Online database: _____  <input type="checkbox"/> Others: _____</p>	<p><b>Mode of Response:</b>  <input type="checkbox"/> Direct    <input type="checkbox"/> Ward rounds    <input type="checkbox"/> Phone  <input type="checkbox"/> Email    <input type="checkbox"/> Others</p> <p><b>Responded by:</b>          _____          (Stamp &amp; signature)          Date: _____ Time: _____</p>
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