

**FORM 'C'**

[See rules 92, 93, 94 and 94A]

*Prescription of Registered Medical Practitioner for*<sup>1</sup>[*Port-wine/port-type wine/wincarnis/vibronal/monolal/buckfast/tonic wine/champagne*]

- |    |                                 |    |      |
|----|---------------------------------|----|------|
| 1. | Prescription No.                |    | Date |
| 2. | Registered Medical Practitioner |    |      |
|    | Name                            | .. | ..   |
|    | Address                         | .. | ..   |
|    | Registered No.                  | .. | ..   |
3. Name and address of the person in whose favour the prescription for portwine/port-type wine/wincarnis/vibrona/manola/buckfast tonic wine/champagne is issued.
  4. Nature of the persons illness or pain for which port-wine/port-type wine/wincarnis/vibrona/manola/buckfast tonic wine/champagne is prescribed.
  5. \*Quantity of port-wine/port type wine/wincarnis/vibrona/manola/buckfast tonic wine/champagne to be taken in day for the above illness or pain.
  6. Number of days for which port† wine/port type wine/wincarnis/vibrona/manola/buckfast tonic wine/champagne is to be taken.
  7. Total quantity of port-wine/port-type wine/wincarnis/vibrona/manola/buckfast tonic wine/champagne prescribed for the above period.

I hereby certify that, I am the family physician for more than a year of the above named.

Mr./Mrs./Miss  
Shri/Shrimati/Kumari

Signature of the Registered Medical Practitioner.

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\* The quantity may be so prescribed that it shall not exceed the rate of the one quart bottle in a week in the case of port-wine, port-type wine, wincarnis vibrona, manola and buckfast tonic wine or one pin bottle in a day in the case of champagne.

† This period should not in any case exceed thirty days in the case of port-wine, port-type wine, type wincarnis vibrona, manola and buckfast tonic wine or fifteen days in the case of champagne.

<sup>1</sup> Subs. by G. N. of 30-6-1958.