



NIZAM'S INSTITUTE OF MEDICAL SCIENCES

(A UNIVERSITY ESTABLISHED UNDER STATE ACT)

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DEPARTMENT OF CLINICAL PHARMACOLOGY AND THERAPEUTICS REQUISITION FOR SERUM - ANTIEPILEPTICS

Patient's Name : IP / OP No : Date:

AGE/Gender : Wt : Ht : Paying/Free : Ward :

Ref. by Dr : Phone no. Lab No :

DIAGNOSIS: _____ TOTAL DURATION IN MONTHS: _____

Number of Seizure attacks in last 3 months :

Last Attack : _____ (Date); Severity: _____ (Mild/Moderate/Severe)

Controlled/Uncontrolled :

Any Toxicity Symptoms :

INVESTIGATION (S) REQUIRED, PLEASE TICK

SI No	Drug	Dose/day	SI No	Drug	Dose/day
1	Phenytoin		6	Oxcarbazepine	
2	Phenobarbitone		7	Zonisamide	
3	Carbamazepine		8	Topiramate	
4	Valproic Acid		9	Lacosamide	
5	Lamotrigine		10	Levetiracetam	

Treatment duration with present dose

Last Dose : _____ Date TimeAM / PM

Sample collection : Date TimeAM / PM

Additional Information:

CONCOMITANT DRUG THERAPY :

NAME OF THE DRUG	DOSE	DURATION

Note : Please collect 3 ml blood in EDTA vacutainer (Red Color)

Lab Telephone No: 040-23489212/040-23489351

*** Dr P Usha Rani ***