

DAILY CALL REPORT

NAME OF PSO

HEADQUARTER

SL NO	DR NAME	DEGREE	A / B / C	CORE(Y/N)	PRESCRIBING PRODUCT NAME	REMARKS
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
SL NO	CHEMIST NAME	ORDER VALUE				REMARKS
1						
2						
3						
4						
5						

NOTE:

A / B / C DR MEANS A > 50 PATIENTS B > 30 PATIENTS C > 10 PATIENTS DAILY

*** To be submitted on weekly basis**

Signature of PSO with Date