

Isra University
Faculty of Pharmacy
Drug Information Inquiry



Requester's Name:

Requester's Training Site:

Date of Request:

Requester's Phone Number:

Classification of Inquiry: Therapeutics, Efficacy, Safety/ Adverse-Drug Reactions/Interactions, others
.....

Inquiry:

Student's Response:

Justification of Response:

Date of Response:

References:

Academic Supervisor’s Response:

Justification of Response:

Date of Response:

References: