



STADA PHILIPPINES INC : Pharmacovigilance Card

Email address: pvphilippines@stada.com.ph Message or sent thru Viber : +63 9190654436

Name/Initials of Patient	Address/Contact Details	Gender	Telephone	Email address
Birthdate/Age:				
Please confirm if patient is under medication, treatment, previously developed allergic reactions (specify details)				
Describe Reaction (when the product was administered):				
Adverse Events (Drugs, Medical Devices and Cosmetics)				
Brand name/Product Name				
Lot/Batch no.:	Manufacturing Date:	Expiry Date	Product Type (Cosmetic)	
Report Source				
Name:	Profession	Address	Telephone	Email address
Reported by: Complete name and signature		Division	Date and Time of Report	