LOGO

Country/Program etc

Name of facility……………………………………………………….

DISPENSING UNIT STOCK CARD

Item Description…………………………………………………………………………..…
(Name, Strength, Dosage Form)

Product Code………………….

Unit of issue………………......................................

Date	**Received from/issued to** (unit received from or patient reference number issued to)	**Prescription No./Ref**	**Batch No.** (received/issued)	**Expiry Date** (received/issued)	**Quantity** (received/issued)	**Balance**	**Signature**