



## Requisition Stock

Add Requisition Stock

| Hospital*       |                                                    | Subject* |                 | Approval*       |                |
|-----------------|----------------------------------------------------|----------|-----------------|-----------------|----------------|
| Penkar Pada H P |                                                    | Subject  |                 | Choose file     | No fil...hosen |
| Row NO          | Medicine                                           |          | July Consumpton | August Consumpt |                |
| 1               | SYP. AMOXCLAVE 228MG                               | ✓        | 0               | 0               |                |
| 2               | SYP. AMOXYCILLINE                                  | ✓        | 38              | 122             |                |
| 3               | SYP. AMOXCLAV 457MG/5ML (400MG AMOX + 57MG CLAV)   | ✓        | 0               | 0               |                |
| 4               | TAB. MULTIVITAMIN                                  | ✓        | 3               | 3064            |                |
| 5               | VITAMIN B COMPLEX                                  | ✓        | 0               | 0               |                |
| 6               | SYP. LEVOCETRIZINE + MONTELUKAST (LEVOCET M)       | ✓        | 0               | 0               |                |
| 7               | GLUCOMETER STRIPS                                  | ✓        | 0               | 0               |                |
| 8               | HEMOGLOBINOMETER DIGITAL                           | ✓        | 0               | 0               |                |
| 9               | CALAMINE LOTION                                    | ✓        | 72              | 39              |                |
| 10              | LIQ. BENZYL BENZOATE 400 ML BOTTLE                 | ✓        | 0               | 0               |                |
| 1               | SUS. CHLOROQUINE PHOSPHATE 5 MG/ 5 ML 60 ML BOTTLE | ✓        | 0               | 0               |                |
| 1.              | SUS. METRONIDAZOLE 200 MG/5ML 60 ML BOTTLE         | ✓        | 0               | 0               |                |

10 - 1

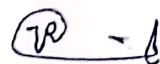
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आरोग्य केंद्र पेणकरणाडा  
मेरा-भाईवर प्रधानगरपालिका

|   |                                      |   |     |      |
|---|--------------------------------------|---|-----|------|
| 1 | TAB. CEFADROXIL 250 MG               | ✓ | 0   | 0    |
| 1 | TAB. CHLOROQUINE PHOSPHATE 500 MG    | ✓ | 335 | 1012 |
| 1 | TAB. CHLOROQUINE PHOSPHATE 250 MG    | ✓ | 100 | 80   |
| 1 | INJ. ANTI REBIES VACCINE             | ✓ | 0   | 0    |
| 1 | TAB. IBUPROFEN 400 + PARACETAMOL 325 | ✓ | 868 | 671  |
| 1 | POWDER PROTEIN                       | ✓ | 15  | 2    |
| 1 | Tab Ecosprin 75 Mg                   | ✓ | 0   | 0    |
| 2 | Select                               | ✓ |     |      |
|   | More..                               |   |     |      |

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