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| **PRODUIT** | **Forme** | **Dosage** | **Stock théorique** | **Stock Physique** | **Numéro de lot** | **Date de péremption** | **Prix Unitaire** | **Ecart** | **Valeur écart** | **Valeur stock** |
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|  | ***Sous total 1*** |  |

Hôpital de :…………………………

**INVENTAIRE DES MEDICAMENTS ET CONSOMMABLES**

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| Date de l’inventaire | …….…/ ………../ ………. |  | Responsable de la pharmacie |  |
| Montant total du stock  |  |  | Signature |  |

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| **PRODUIT** | **Forme** | **Dosage** | **Stock théorique** | **Stock Physique** | **Numéro de lot** | **Date de péremption** | **Prix Unitaire** | **Ecart** | **Valeur écart** | **Valeur stock** |
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|  | ***Sous total 3*** |  |