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| **PRODUIT** | **Forme** | **Dosage** | **Stock théorique** | **Stock pharmacie de détail** | **Stock réserve** | **Total stock Physique** | **Ecart** | **Numéro de lot** | **Date de péremption** |
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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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