Hôpital de :…………………………

**REGISTRE DES PRODUITS HORS D’USAGE**

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| **Date** | **PRODUIT** | **Dosage** | **Forme** | **Unité** | **Quantité** | **N°lot** | **Date péremption** | **Prix Unitaire** | **Prix total** | **Observations** |
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| **Valeur totale** |  |  |

Période : ……………………………