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| **PRODUCT** | **Dosage** | **Form** | **Initial stock** | **Quantity received** | **Quantity issued** | **Losses** | **Adjustments** | **Available usable stock** | **No of days out of stock** | **Average monthly consumption** | **Month of available stock** |
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Hospital name: …………………………

**MONTHLY REPORT**

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| Date | ……/ …../ …… |
| Maximum stock level |  |
| Minimum stock level |  |
| Emergency order threshold |  |