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| **PRODUIT** | **Dosage** | **Forme** | **Stock initial** | **Quantités reçues** | **Quantités sorties** | **Pertes** | **Ajustements** | **SDU** | **Nb de jours de rupture** | **CMM** | **MSD** |
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Hôpital de :…………………………

**RAPPORT MENSUEL**

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| Date | ……/ …../ …… |
| Niveau de stock maximal  |  |
| Niveau de stock minimal  |  |
| Point de commande d’urgence |  |