## Order Report For Kaia Dispensary Ministry of Health Health Commodities Management Platform

MFL No: 16961	Health Facility Name:	Total OPD Visits & Revisits: 524	Level:	Dispensary	Health Centre		
County: Makueni	District: Kiati	In-patient Bed Days :0	Order Date: 24 Oct, 2014	Order no. 52	Reporting Period Start Date: End Date: 24 Oct, 2014		

KEMSA Code	Description	Order Unit Size	Order Unit Cost	Opening	Total Receipts	Total issues	Adjustments(-ve)	Adjustments(+ve)	Losses	Closing Stock	No days out of stock	Order Quantity (Packs)	Order Quantity (Units)	Order cost(Ksh)	Comment
1. Antimalaria	1. Antimalaria														
PM03ART005	Artemether/lumefantrine Tablets 100/20mg blister of 12	blister (12)	0	60	0	60	0	0	0	0	0	12	360	0.00	N/A
PM03ART006	Artemether/lumefantrine Tablets 100/20mg blister of 18	blister (18)	0	15750	0	0	0	0	0	15750	0	0	0	0.00	N/A
PM03ART007	Artemether/lumefantrine Tablets 100/20mg blister of 24	blister (24)	0	720	0	0	0	0	0	720	0	0	0	0.00	N/A
PM03ART004	Artemether/lumefantrine Tablets 100/20mg blister of 6	blister (6)	0	690	0	0	0	0	0	690	0	0	0	0.00	N/A
2. Tablets and	2. Tablets and Capsules														
PM05BRU002	Ibuprofen Tablets f/c 200mg	1000s	380	154	0	120	0	0	0	34	0	0	0	0.00	N/A
3. Injections															
PM01CEF002	Ceftriaxone Inj 1g (pfr)	Vial	42	400	0	120	0	0	0	280	0	0	0	0.00	N/A
PM01CEF001	Ceftriaxone Inj 250mg vial (pfr)	vial	38	0	0	0	0	0	0	0	0	10	10	380.00	N/A

KEMSA Code	Description	Order Unit Size	Order Unit Cost	Opening	Total Receipts	Total issues	Adjustments(-ve)	Adjustments(+ve)	Losses	Closing Stock	No days out of stock	Order Quantity (Packs)	Order Quantity (Units)	Order cost(Ksh)	Comment
PM05DCL002	Diclofenac Inj 25mg/ml, 3ml amp	amp	5	100	0	5	0	0	0	95	0	0	0	0.00	N/A
4. Dermatologicals															
PM12CAL001	Calamine lotion 15% 50ml	bottle	30	50	0	0	0	0	0	50	0	0	0	0.00	N/A
PM12CLT001	Clotrimazole cream 1% 20g	tube	15	2380	0	0	0	0	0	2380	0	0	0	0.00	N/A

Total Order Value:

KSH 380.00

Drawing Rights Available Balance:

KSH -380.00			
FACILITY TEL NO:	FACILITY EMAIL:		
Prepared by (Name/Designation) Facility User  Email: kariukijackson@gmail.com	Tel: 254726534272	Date: 24 Oct, 2014	Signature
Checked by (Name/DPF/DPHN)  Email:	Tel:	Date: N/A	Signature
Authorised by (Name/DMoH)  Email:	Tel:	Date:	Signature