



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

MFL No: 16961	Health Facility Name:	Total OPD Visits & Revisits: 1300	Level:	Dispensary	Health Centre
County: Makueni	District: Kiati	In-patient Bed Days :0	Order Date: 22 Oct, 2014	Order no. 70	Reporting Period Start Date: End Date: 22 Oct, 2014

KEMSA Code	Description	Order Unit Size	Order Unit Cost	Opening Balance	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															
PM03ART005	Artemether/lumefantrine Tablets 100/20mg blister of 12	blister (12)	0	60	0	60	0	0	0	0	0	16	480	0.00	
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 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	110	0	0	0	290	0	0	0	0.00	N/A

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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
5. Dental Items															
PM07LGN002	Lignocaine 2% dental cart with adrenaline- 1:80 000	100s	3500	0	0	0	0	0	0	0	0	20	2000	70,000.00	N/A

Total Order Value:
KSH 70,000.00

Drawing Rights Available Balance:
KSH -70,000.00

FACILITY TEL NO:

FACILITY EMAIL:

Prepared by (Name/Designation) Facility User

Tel: 254726534272

Date: 22 Oct, 2014

Signature

Email: kariukijackson@gmail.com

Checked by (Name/DPF/DPHN)

Tel:

Date: N/A

Signature

Email:

Authorised by (Name/DMoH)

Tel:

Date:

Signature

Email: