**Data: \_** /\_ /\_

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**Controle Farmácia-**

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|  | **Estoque** | **Falta** | Obs/ Assinatura |
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**Controle Higiene**

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| I | **Qt Estoque** | **Dia** | **Retirada** | **Dia** | Obs/ Assinatura |
| Shampoo |  |  |  |  |  |
| Condicionador |  |  |  |  |  |
| Sabonete |  |  |  |  |  |
| Creme dental |  |  |  |  |  |
| Hidratante |  |  |  |  |  |
| Cotonete |  |  |  |  |  |
| Luvas |  |  |  |  |  |
| Barbeador |  |  |  |  |  |
| Creme de Barbear |  |  |  |  |  |
| Protetor Solar |  |  |  |  |  |
| Fraldas |  |  |  |  |  |
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