## Anti Diarrhoeal Medications Dispense Log

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| Vessel Name | **Voyage No.** | **Start date** | **End date** |
|  |  |  |  |

| **Date** | **Patient’s name** | **Crew or Pax** | **Cabin** | **Drug Name** | **No of Tablets or ml** | **Dosage** |
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**Doctor: Name: ……………………….. Signature: ………………………**