**Kartu obat**

**Nama obat** **:** **.....................................................**

**Satuan**  **:** **..........................................................**

**Lokasi** **:** **Pt. Alam Perkasa Lestari**

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| **Tanggal** | **Dari Atau Kepada Siapa** | **Banyak Nya** | | **Sisa** | **Paraf Pasien** |
| **Masuk** | **Keluar** |
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