



MEDICALLY ASSISTED THERAPY CONTROLLED DRUGS CONSUMPTION REQUEST AND REPORT FORM

FORM P7

Facility:		County:	
Kisumu MAT Clinic		Mombasa	
Beginning Date		Ending Date	
2024-03-01		2024-03-31	
Active on Methadone	22	Active of Buprenorphine	0
Beginning Balance		Quantity Received this period Total Quantity dispensed in thermonth Losses	
0		1750	
Methadone		1000 ml	
Buprenorphine		10 tabs blister pack	
2mg		14520	
Buprenorphine		10 tabs blister pack	
4mg		4000	
Buprenorphine		10 tabs blister pack	
8mg		10 tabs blister pack	
Naltrexone tabs		7 tabs blister pack	
50mg		100mg	
Naltrexone tabs		10 tabs blister pack	
150mg		10 tabs blister pack	
Naltrexone Implant		1 implant pack	
0		15	
Comments (Including explanation of losses and adjustments): TEXTBOXAREA			
Submitted By:		dd/mm/yyyy	
MAT Pharmacist in charge		Signature	
Revised By:		Mobile Phone	
Pharmacist in charge		Signature	
		Date	
		dd/mm/yyyy	
		Date	

