|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| indir | | **SAVUR PROF. DR. AZİZ SANCAR İLÇE DEVLET HASTANESİ**    **İLAÇ İMHA FORMU** | | | | | | | |
| **KODU** | **İY.FR.08** | **YAYIN TARİHİ** | **01.11.2018** | **REVİZYON TARİHİ** | **01.01.2022** | **REVİZYON NO** | **01** | **SAYFA SAYISI** | **02** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **TARİH** | | **......./....../20.....** | | | |  |
| **Sıra** | **İLAÇ ADI** | **İLAÇ FORMU (Ampul Flakon v.s.)** | **İMHA EDiLEN DOZ MİKTARI (mg,ml,IU v.s.)** | **İMHA EDİLEN İLACIN SON KUL. TARİHİ** | **SAYISI** | **İMHA EDEN BİRİM**  **(SERVİS** |
| **1** |  |  |  | .../.../20... |  |  |
| **2** |  |  |  | .../.../20... |  |  |
| **3** |  |  |  | .../.../20... |  |  |
| **4** |  |  |  | .../.../20... |  |  |
| **5** |  |  |  | .../.../20... |  |  |
| **6** |  |  |  | .../.../20... |  |  |
| **7** |  |  |  | .../.../20... |  |  |
| **8** |  |  |  | .../.../20... |  |  |
| **9** |  |  |  | .../.../20... |  |  |
| **10** |  |  |  | .../.../20... |  |  |
| **GENEL TOPLAM** |  | |

**BİRİM SORUMLU HEMŞİRESİ BİRİM SORUMLU HEKİMİ**

**ADI-SOYADI İMZA ADI-SOYADI İMZA**

**ECZACI**

**ADI- SOYADI İMZA**