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| 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** |

|  |  |  |
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| **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**