



CD Balance Book

Drug Name _____

Strength _____

Form _____

Drug Name _____ Strength _____ Form _____

All entries must be legible and completed at the time stock is supplied or received.

Date of supply	Received into Stock		Supplied to Patient, HVS or Site			Balance
	Name and address of supplier or site stock obtained from	Quantity Received	Name of Patient, HVS or Site to be supplied	Clinician's details	Quantity supplied	

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