

	HOSPITAL SULTAN ABDUL AZIZ SHAH UNIVERSITI PUTRA MALAYSIA Document code: HSAAS/FAR/BR216
FLOOR STOCK AMENDMENT REQUEST FORM	

Ward/Clinic/ Unit: _____

*Please tick (v) at appropriate box

A. CATEGORY*

<input type="checkbox"/> Emergency Trolley	<input type="checkbox"/> Psychotropic / Dangerous Drug
<input type="checkbox"/> Floorstock OH (Office Hour)	<input type="checkbox"/> Galenical
<input type="checkbox"/> Floorstock AOH (After Office Hour)	<input type="checkbox"/> IV Drip

B. LIST OF MEDICATION(S)

No.	Drug Name and Strength	Original Quantity	Request Quantity	Justification	Approved Quantity
1					
2					
3					

C. APPLICANT DETAILS

Name : _____
 Position : _____
 Date : _____
 Ward/ Unit/ Clinic Extension No : _____

D. APPROVED BY

Sign & Stamp Head of Department

Please return this form to the Medical Store (for IV drip) or to Inpatient Pharmacy (other than IV Drip).

FOR PHARMACY USE

Application is approved / disapproved as stated above.

Pharmacist: _____

Date: _____