



HOSPITAL SULTAN ABDUL AZIZ SHAH
UNIVERSITI PUTRA MALAYSIA
Kod Dokumen: HSAAS/FAR/BR218

MEDICATION RETURN FORM (MEDICAL STORE)

Ward/Unit/ Clinic:

SERIAL NO.:

No.	Item	Quantity	*Reason for Return	Cold Chain Drug (Yes/ No)	Expiry Date	Batch No.

Return item form must be submitted together with item(s) listed.

Prepared by:

Received by:

Checked by:

(Signature & Stamp)

Date:

(Signature & Stamp)

Date:

(Signature & Stamp)

Date: