

REQUESTION FOR CONTRACEPTION
SIX MONTHS.....

NAME OF THE HEALTH FACILITY

SUPPLY CODE	NAME OF THE ITEM & FORMULATION	STOCK BALANCE LAST REPORT	AVERAGE MONTHLY CONSUMPTION	NO OF USERS IN LAST 3 MONTHS	LAST SIX MONTHS			EXPIRY DATE	AMOUNT REQUIRED FOR NEXT 6 MONTHS	REMARKS
					RECIEVED	USED	BALANCE			
	MICROGYNON TABS LEVENOGESTREL 0.15MG ETHNYL OESTRADIOL 0.03MG CYCLE									
	MICRONOR TABS NORETHISTERONE 350M CYCLE									
	REGIVIDONE TABS LEVENORGETRYL 0.05MG ETHNYL OESTRADIOL 0.03MG CYCLE									
	MEDROXY PROGESTRONE (DEPO ROVERA VIAL									
	DISPOSABLE SYRINGE WITH NEEDLE 3ML PSC									
	CONDOMS 49MM GROSS									
	CONDOMS 52MM GROSS									
	CONDOMS 53MM GROSS									
	IUD PSC									
	NORPLANT PSC									

GENERAL COMMENTS:

REQUESTED BY:
 NAME:
 DESIGANATION:
 SIGNATURE:
 DATE:

CHECKED BY:
 NAME:
 DESIGANATION:
 SIGNATURE:
 DATE:

