**HEALTH SERVICES UNIT – BONTOC CAMPUS**

**ISSUANCE OF MEDICINE & SUPPLIES**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Uni: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **DATE** | **Qty** | **ITEM DESCRIPTION (Medicines etc.)** |
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**Client Signature Dentist/ Director for Health Services**

*MPSU – HSU – F – 007/ 03/ December 27, 2024*

*Page 1 of 1*

**HEALTH SERVICES UNIT – BONTOC CAMPUS**

**ISSUANCE OF MEDICINE & SUPPLIES**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Client Signature Dentist/ Director for Health Services**