

Date:

إشعار تسليم واستلام دفاتر وصفات الأدوية المراقبة

**Controlled Drug Prescription Pads Submission and Collection notification**

Facility Name:	اسم المنشأة الصحية:
Facility ID#:	رقم تسجيل المنشأة الصحية:

New Prescription Pads details			
NO	Prescription Pad serial #	Prescriptions Serials	
		From	To
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

\*Note that DHA issued Circular Number 78 regarding the New Ministerial Decree No.888 which cancel Ministerial Decree No.1122, so check your facilities Sheryan Accounts.

\*Also we are going to dispense the CD Pads and Registers for all Facilities on each Monday and Thursday of the week starting from April 2017.

Facility Name:	اسم المنشأة الصحية:
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Completed Prescription Pads details

NO	Prescription Pad serial #	Prescriptions Serials	
		From	To
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

DHA Staff	موظف هيئة الصحة بدبي
Staff Name:	اسم الموظف:
signature:	توقيعه

Health Facility Representative	الممثل عن المنشأة الصحية
Staff Name:	اسم الموظف:
signature:	توقيعه
Staff Mob. NO. :	رقم الهاتف المتحرك :
Total Fees:	المبلغ المستحق:

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