

जिला महिला चिकित्सालय, रामपुर

बिन्दु नं०-३ क और घ

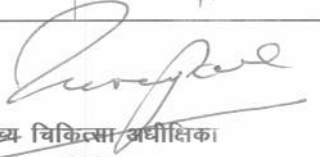
दिनांक 01.04.10 से 28.02.11 तक

वर्ष 2010-11 में कय की गई तथा कय की जा रही औषधियों की सूची व मात्रा के आपूर्ति की समय सारिणी।

S.NO	NAME OF MEDICINE	QUANTITY	INDENT DATE/ ORDER DATE	SUPPLY DATE
1	INJ. AMIKACIN SUL. 500 MG	2000	08.06.10	10.09.10
2	INJ. CEFPIAZONE 1 GM	1000	"	17.09.10
3	TAB. METRONIDAZOLE 400 MG	50000	"	13.08.10
4	INJ. DICLOFENIC SOD. 3 ML	5000	"	CANCEL ORDER
5	INJ. ETOPH. + THEO. 2 ML	500	"	"
6	TAB. B.COMPLEX	100000	"	30.06.10
7	INJ. ADRENALLINE 1 ML	50	"	29.06.10
8	INJ. MAGSULPH 1 ML	500	"	"
9	INJ. SODA BICARB 25 ML	500	"	"
10	INJ. METHYL COBLAMIN 1 ML	500	"	"
11	INJ. MULTI. VITAMINE 2 ML	2000	"	30.06.10
12	TAB. RANITIDIN 300 MG	50000	"	09.12.10
13	TAB. ATENOLOL 50 MG	2000	"	"
14	CAP. DOXY 100 MG	40000	"	04.12.10
15	TAB. PARACETAMOLE 500 MG	80000	"	22.07.10
16	OINT. DICLOFENIC SOD. 4% 20 GM	1000	"	"
17	CREAM CLOTIMAZOLE + BECLO. DIPRO 15 GM	500	"	"
18	TAB. CLOTRIMAZOLE S. S.	10000	"	"
19	EYE DROP CHOLORAMPHENICOL 5 ML	500	"	"
20	REVELON P. (CHLORHEAXADINE + CET. 1000 ML)	100	"	"
21	POVIDONE IODINE SOL. 500 ML	100	"	"
22	INJ. CAL. GLU. 10 ML	200	"	CANCEL ORDER
23	INJ. ATRIPINE 1 ML	500	"	20.08.10
24	INJ. OXYTOCIN 1 ML	5000	"	CANCEL ORDER
25	INJ. HYDROCORTISONE I.M. / I.V.	200	"	20.08.10
26	INJ. GENTAMICIN 2 ML 80MG	2000	"	"
27	INJ. PARACETAMOLE 2 ML	500	"	"
28	INJ. PROMETHAZINE 2 ML	1000	"	CANCEL ORDER
29	INJ. DOPAMINE 5 ML	100	"	CANCEL ORDER
30	INJ. DICYCLOMINE 2 ML	500	"	CANCEL ORDER
31	INJ. CEFTAZIDINE 1 GM	500	"	06.08.10
32	INJ. FRUSEMIDE 2 ML	200	"	"
33	INJ. HYDROXY PROGESTERON 250 MG 2 ML	1000	"	CANCEL ORDER
34	INJ. METHYL ERGATE 1 ML	5000	"	06.08.10
35	INJ. LIGNOCANE HCL 2% 30 ML	200	"	CANCEL ORDER
36	INJ. PHENARMINE MALEATE 2 ML	500	"	CANCEL ORDER
37	INJ. AMOX. SOD. + CLAV. POT. 1.2 GM	200	"	20.08.10
38	INJ. METACLOPRAMIDE 2 ML	500	"	CANCEL ORDER
39	INJ. AMINOPHYLINE 10 ML	100	"	CANCEL ORDER
40	INJ. CEFTRIAXONE 1GM	1000	"	30.08.10
41	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	09.06.10	06.07.10
42	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	11.06.10	13.07.10
43	TAB. NIMUSULIDE 100 MG	100000	09.06.10	CANCEL ORDER
44	TAB. CHLORAM. MAL. 4 MG	20000	"	CANCEL ORDER
45	LOTION B.B. LOTION 25% 100 ML	1000	"	CANCEL ORDER
46	TAB. TIZANID. + DICLO. SOD. 2 MG + 50 MG	5000	"	29.10.10
47	CAP. MEFANIC ACID 500 MG	10000	"	"
48	TAB. DICLOFENIC SOD. S.R.	50000	08.06.10	14.08.10
49	TAB. CETRIZINE HCL 10 MG	5000	"	"
50	CAP. VIT. A & D	50000	"	30.06.10
51	INJ. IRON DEXTRONE 2 ML	1000	"	10.09.10
52	SILVER SULPHA CREAM 25 GM 1%	2000	"	13.08.10
53	IV. R.L. 500 ML	2000	09.06.10	14.08.10
54	IV. N.S. 500 ML	500	"	"
55	IV. 10% DEXTROSE 500 ML	1000	"	"
56	INJ. IRON SUCROSE 5 ML	10	07.06.10	15.06.10
57	INJ. IRON SUCROSE 5 ML	10	11.06.10	15.06.10
58	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	30.06.10	02.08.10
59	TAB. CIPROFLOX 500 MG	40000	26.06.10	CANCEL ORDER
60	TAB. NORFLOX 400 MG	20000	29.06.10	"
61	TAB. DOMPERADON 10 MG	10000	"	"
62	INJ. IOSXUPRINE 2 ML	2000	28.06.10	03.08.10

63	TAB. PENTA PARAZOLE 40 MG	80000	30.06.10	03.08.10
64	TAB. B.COMPLEX	100000	"	04.12.10
65	TAB. ORINDAZOLE 500 MG	20000	"	"
66	TAB. CEFPOXIME PIROXYTIL 200 MG	5000	28.06.10	CANCEL ORDER
67	EYE DROP GATIFLOX 5 ML	500	30.06.10	20.08.10
68	TAB. GATIFLOX 400 MG	5000	29.06.10	CANCEL ORDER
69	CLOTRIMAZOLE GEL 20 GM 2%	1000	26.06.10	07.09.10
70	OINT. DICLOFENIC SOD. 4% 20 GM	1000	28.06.10	23.09.10
71	INJ. METHYL ERGATE 1 ML	5000	"	22.11.10
72	INJ. OXYTOCIN 1 ML	5000	"	17.09.10
73	INJ. IRON SUCROSE 5 ML	20	30.06.10	05.07.10
74	INJ. PENTAZOCINE 1 ML	1000	29.06.10	22.07.10
75	INJ. VIT. K. 1 ML	200	"	"
76	INJ. EPIDOCIN 1 ML(VALATHAMIDE)	500	28.06.10	"
77	INJ. SENSORCAINE HEAVY 4 ML	200	23.06.10	"
78	INJ. IRON SUCROSE 5 ML	20	10.08.10	13.08.10
79	IV. METROGYL 100 ML	400	02.08.10	20.08.10
80	IV. METROGYL 100 ML	400	10.08.10	20.08.10
81	IV. METROGYL 100 ML	400	17.08.10	20.08.10
82	INJ. M.V. 2 ML	5000	18.08.10	02.12.10
83	LIQUID CHLOR HEXADIN GLUCO + STRONG CETRIMIDE SOL. 1000 ML	400	17.08.10	14.09.10
84	SUSP. EEFATE -0- 200 ML	1000	16.08.10	07.10.10
85	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	"	22.09.10
86	TAB. COTRIMAZOLE VAGINAL 100 MG	5000	13.08.10	13.10.10
87	POVIDONE IODINE OINMENT 20 GM	5000	16.08.10	04.11.10
88	TAB. OFLOX 200 MG	70000	17.08.10	03.11.10
89	INJ. PENTAZOCINE 1 ML	5000	18.08.10	04.11.10
90	INJ. RAINITIDIN 2 ML	5000	"	"
91	INJ. DIAZIPAM 2 ML	5000	"	"
92	TAB. METHYL ERGOTE 0.125 MG	50000	16.08.10	"
93	TAB. METFORMIN 1 GM	5000	"	"
94	TAB. GLIMFRIDE 4 MG	2000	"	CANCEL ORDER
95	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	19.08.10	"
96	TAB. PARACETAMOLE 500 MG	100000	16.08.10	"
97	OINT. DICLOFENIC SOD. 4% 20 GM	2000	19.08.10	10.09.10
98	SUSP. EEFATE -0- 200 ML	1000	"	07.10.10
99	TAB. ETHAMSYLATE 500 MG	30000	18.08.10	18.11.10
100	TAB. FERRUS FUMARATE + FOLIC ACID + VIT. B12	25000	19.08.10	12.10.10
101	SILVER SULPHA CREAM 25 GM 1%	5000	"	"
102	INJ. EPIDOCIN 1 ML(VALATHAMIDE)	500	28.09.10	27.10.10
103	INJ. KETAMIN 10 ML	20	27.09.10	"
104	INJ. SENSORCAINE HEAVY 4 ML	200	"	"
105	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	19.10.10	10.11.10
106	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	"	"
107	INJ. IRON SUCROSE 5 ML	20	17.12.10	21.12.10
108	DICLOFENIC OINMENT 20 GM	2000	15.12.10	04.01.11
109	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	03.01.11	10.01.11
110	INJ. ADRENALLINE 1 ML	50	27.01.11	28.01.11
111	IV. METROGYL 100 ML	400	22.01.11	28.01.11
112	IV. METROGYL 100 ML	400	"	28.01.11
113	INJ. EPIDOCIN 1 ML(VALATHAMIDE)	500	"	28.01.11
114	TAB. FERRUS FUMARATE + FOLIC ACID + VIT. B12	25000	"	01.02.11
115	TAB. FERRUS FUMARATE + FOLIC ACID + VIT. B12	30000	"	"
116	TAB. FERRUS FUMARATE + FOLIC ACID + VIT. B12	30000	"	"
117	IV. R.L. 500 ML	6000	"	12.02.11
118	IV. 5% DEXTROSE 500 ML	3000	"	"
119	IV. N.S. 500 ML	600	"	"
120	SUSP. EEFATE -0- 200 ML	1000	"	16.02.11
121	SUSP. EEFATE -0- 200 ML	1000	"	"
122	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	"	"
123	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	"	"
124	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	"	"
125	INJ. PROMETHAZINE 2 ML	5000	"	Waiting
126	INJ. ADRENALLINE 1 ML	200	"	"
127	INJ. MAGSULPH 1 ML	2000	"	"

128	INJ. ATRIPINE 1 ML	1000	"	"
129	TAB. B.COMPLEX	100000	"	11.02.11
130	TAB. PARACETAMOLE 500 MG	200000	"	16.02.11
131	TAB. CEFADRXYL 250 MG	40000	14.02.11	25.02.11
132	TAB. CLOTRIMAZOLE VAGINAL 100 MG	20000	02.12.10	Waiting
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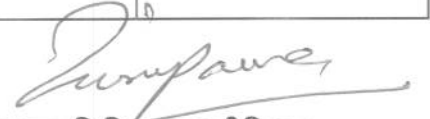
जिला महिला चिकित्सालय, रामपुर

बिन्दु नं०-3 छ

माह-फरवरी 2011 की मासिक रिपोर्ट।

क्रम सं०	औषधियों के नाम	माह फरवरी 11 में प्रयोग की गई औषधियों की मात्रा	माह फरवरी 11 के अन्त में उपलब्ध औषधियों की मात्रा
1	CAP. AMOXY 500 MG	NIL	500
2	INJ. AMIKACIN 500 MG	NIL	500
3	TAB. ATIENOLOL 50 MG	168	632
4	CAP. ALPHA CALCIDAL + CAL. CARB.	14500	54000
5	INJ. BOTROPASE 1 ML	20	200
6	TAB. CEFADROXYL 250 MG	2000	38000
7	TAB. CETRIZINE 10 MG	5000	9000
8	TAB. COTRIMOXAZOLE. S.S.	NIL	3000
9	INJ. CEFPRAZONE 1 GM	10	90
10	INJ. DEXA 2 ML	NIL	100
11	IV. 5% DEXTROSE 500 ML	192	3072
12	IV. 10% DEXTROSE 500 ML	24	456
13	IV. D.N.S. 500 ML	96	NIL
14	INJ. DIAZIPAM 2 ML	50	3450
15	CAP. DOXY 100 MG	8000	16500
16	LIQUID. DI SOD. HYDRO.CITRATE 100 ML	192	NIL
17	DICLOFENIC OINMENT 20 GM	400	600
18	TAB. ETHAM SYLATE 500 MG	2000	22000
19	SUSP. EEFATE-0- 200 ML	720	1280
20	INJ. EPIDOCIN 1 ML	200	250
21	TAB. FERRUSFUMARATE + FOLIC ACID + B12	24000	61000
22	INJ. GENTAMICIN 2 ML	NIL	200
23	INJ. HYDROCORTISON	NIL	50
24	INJ. IRONDEXTRON 2 ML	100	100
25	INJ. ISOXSUPRINE 2 ML	NIL	500
26	INJ. IRONSUCROSE 5 ML	5	5
27	TAB. METROGYL 400 MG	1000	8000
28	I.V. METROGYL 100 ML	48	552
29	INJ. METHYAL ERGATE 1 ML	250	4150
30	INJ. MAGSULPH 1 ML	NIL	50
31	INJ. I.V. MANITOL 20% 100 ML	NIL	20
32	INJ. M.V. 2 ML	300	3100
33	I.V. N.S. 500 ML	NIL	744
34	IV. OFLOX 100 ML	NIL	360
35	INJ. OXYTOCIN 1 ML	360	2100
36	O.R.S. PACKET 20 GM	300	1800
37	TAB. OFLOX 200 MG	1200	14300
38	TAB. ORIENDAZOLE 500 MG	NIL	15000
39	TAB. PARACETAMOL 500 MG	5120	135380
40	INJ. PENTAZOCIN 1 ML	NIL	3700

41	INJ. PARACETAMOLE 2 ML	NIL	50
42	POVIDONE IODINE OINMENT 20 GM	400	700
43	IV. R.L. 500 ML	312	6312
44	REVLON.P.SOL. 1000 ML	NIL	224
45	INJ. RAINITIDIN 2 ML	NIL	3500
46	TAB. RAINITIDIN 300 MG	13000	7000
47	TAB. SERRATIOPEPT. 5 MG	15000	17000
48	INJ. SODABICARB 25 ML	5	45
49	SILVER SULPHA CREAM 25 GM	500	2400
50	TAB. TIZANIDINE + DICLO. SOD. 2 MG+ 50 MG	8000	8500
51	TAB. TINIDAZOLE 300 MG	NIL	17000
52	TAB. BCOMPLEX	21000	127500


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