

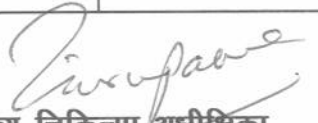
# जिला महिला चिकित्सालय, रामपुर

बिन्दु नं०-3 छ

माह-मार्च 2011 की मासिक रिपोर्ट।

क्रम सं०	औषधियों के नाम	माह मार्च 11 में प्रयोग की गई औषधियों की मात्रा	माह मार्च 11 के अन्त में उपलब्ध औषधियों की मात्रा
1	CAP. AMOXY 500 MG	500	NIL
2	INJ. ATROPIN 1 ML	NIL	1000
3	INJ. AMIKACIN 500 MG	400	100
4	TAB. ATIENOLOL 50 MG	352	280
5	INJ. ADRENALLINE 1 ML	NIL	200
6	CAP. ALPHA CALCIDAL + CAL. CARB.	20000	54000
7	INJ. BOTROPASE 1 ML	60	140
8	TAB. CEFADROXYL 250 MG	12500	65500
9	TAB. CETRIZINE 10 MG	8000	1000
10	TAB. COTRIMOXAZOLE. S.S.	1000	2000
11	INJ. CEFTRIAZONE 1 GM	NIL	4000
12	INJ. CEFIPRAZONE 1 GM	90	NIL
13	INJ. DEXA 2 ML	50	50
14	IV. 5% DEXTROSE 500 ML	408	2664
15	IV. 10% DEXTROSE 500 ML	24	432
16	INJ. DIAZIPAM 2 ML	400	3050
17	CAP. DOXY 100 MG	10500	6000
18	DICLOFENIC OINMENT 20 GM	600	1980
19	TAB. ETHAM SYLATE 500 MG	2000	20000
20	SUSP. EEFATE-0- 200 ML	600	800
21	INJ. EPIDOCIN 1 ML	300	1950
22	TAB. FERRUSFUMARATE + FOLIC ACID + B12	19000	102000
23	INJ. GENTAMICIN 2 ML	100	100
24	INJ. HYDROCORTISON	NIL	50
25	INJ. IRONDEXTRON 2 ML	100	NIL
26	INJ. ISOXSUPRINE 2 ML	100	400
27	INJ. IRONSUCROSE 5 ML	NIL	45
28	INJ. KETAMIN 10 ML	NIL	10
29	INJ. MEPHENTERMIN 10 ML	NIL	8
30	TAB. MESOPROSTAL 200 MG	500	1000
31	TAB. METROGYL 400 MG	1000	7000
32	I.V. METROGYL 100 ML	336	1416
33	TAB. METFORMIN 1 GM	1000	4000
34	TAB. METHYALERGATE 0.125 MG	6000	44000
35	INJ. METHYAL ERGATE 1 ML	350	11800
36	INJ. MAGSULPH 1 ML	NIL	2050
37	INJ. I.V. MANITOL 20% 100 ML	20	NIL
38	INJ. M.V. 2 ML	600	2500
39	I.V. N.S. 500 ML	26	718
40	IV. OFLOX 100 ML	NIL	360
41	INJ. OXYTOCIN 1 ML	540	11560

42	O.R.S. PACKET 20 GM	NIL	1800
43	TAB. OFLOX 200 MG	800	13500
44	TAB. ORIENDAZOLE 500 MG	6000	9000
45	TAB. PARACETAMOL 500 MG	10380	125000
46	INJ. PENTAZOCIN 1 ML	300	3400
47	INJ. PARACETAMOLE 2 ML	NIL	50
48	INJ. PROMETHAGIN 2 ML	NIL	5000
49	POVIDONE IODINE OINMENT 20 GM	500	200
50	IV. R.L. 500 ML	480	5832
51	REVLON.P.SOL. 1000 ML	18	206
52	INJ. RAINITIDIN 2 ML	100	3400
53	TAB. RAINITIDIN 300 MG	7000	NIL
54	TAB. SERRATIOPEPT. 5 MG	17000	NIL
55	INJ. SODABICARB 25 ML	NIL	45
56	SILVER SULPHA CREAM 25 GM	2000	400
57	TAB. TIZANIDINE + DICLO. SOD. 2 MG+ 50 MG	7000	1500
58	TAB. TINIDAZOLE 300 MG	8000	9000
59	TAB. BCOMPLEX	23000	104500

  
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# जिला महिला चिकित्सालय, रामपुर

बिन्दु नं०-३ क और घ

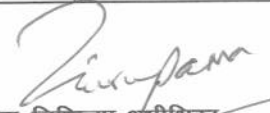
दिनांक 01.04.10 से 31.03.11 तक

वर्ष 2010-11 में कय की गई 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	04.03.11
93	TAB. METFORMIN 1 GM	5000	"	"
94	TAB. GLIMPRIDE 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	DICLOFENAC 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	"	29.03.11
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. CEFADRXYL 250 MG	40000	18.12.10	17.03.11
133	CAP. ALFACALC. + CAL. CARB. 0.25 MG + 625 MG	20000	08.03.11	"
134	DICLOFENAC OINMENT 20 GM	2000	01.03.11	26.03.11
135	INJ. METHYLE ERGOT 1 ML	10000	"	"
136	TAB. FERRUS FUMARATE + FOLIC ACID + VIT. B12	30000	08.03.11	"
137	INJ. EPIDOCIN 1 ML(VALATHAMIDE)	500	16.12.10	"
138	TAB. FERRUS FUMARATE + FOLIC ACID + VIT. B12	30000	01.03.11	29.03.11
139	INJ. OXYTOCIN 1 ML	15000	"	"
140	INJ. CEFTRIAXONE 1GM	4000	"	"
141	INJ. EPIDOCIN 1 ML(VALATHAMIDE)	500	12.03.11	28.03.11
142	INJ. EPIDOCIN 1 ML(VALATHAMIDE)	500	17.03.11	"
143	INJ. EPIDOCIN 1 ML(VALATHAMIDE)	500	24.03.11	"
144	I.V. METROGYL 100 ML	400	12.01.11	"
145	I.V. METROGYL 100 ML	400	24.03.11	"
146	I.V. METROGYL 100 ML	400	20.12.10	"
147	INJ. IRON SUCROSE 5 ML	20	17.03.11	"
148	INJ. IRON SUCROSE 5 ML	20	24.03.11	"
149	INJ. KETAMIN 10 ML	10	21.03.11	"
150	INJ. MEPHENTERMIN 10 ML	8	"	"
151	INJ. PROMETHAZINE 2 ML	5000	22.01.11	29.03.11
152	INJ. ADRENALLINE 1 ML	200	"	29.03.11
153	INJ. ATRIPINE 1 ML	1000	"	29.03.11
154	INJ. MAGSULPH 1 ML	2000	"	29.03.11

  
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