Jordan Woodrows Ref. HPR **Drug or Preparation** ..... **Form in Which Supplied** .....

	Date on which the transaction was effected	Name and Address of Person/Dept supplied	Authority of Person supplied to be in possession	Supplied by	Ref No.	*REMARKS	Amount received	Amount supplied	BALANCE IN STOCK	Name and Address of Person collecting supply	Designation of person collecting Patient/ Patient rep/HCP	Was proof of ID requested YES/NO	Was proof of ID provided YES/NO
						Balance Brought Forward							
						Balance Carried Forward (Page .....)							

JORDAN WOODROWS SAMPLE ONLY

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