

ESTIMATION TRIMESTRIELLE DE BESOINS DE MEDICAMENTS

DESIGNATION	PRESENTATION	QUANTITE
Acide folique 5 mg	B/1000cp	16
Ibuprofène 400 mg	B/1000cp	2
Ibuprofène 200 mg	B/1000cp	2
Paracétamol 500 mg	B/1000cp	2
Dextropropoxyfène+Paracétamol	B/50cp	13
Diclofenac 50 mg	B/1000cp	1
Ciprofloxacine 500 mg	B/100cp	3
Ciprofloxacine 250 mg	B/100cp	3
Amoxicilline 500 mg	B/1000cp	1
Ceftriazone 1g	B/1amp	60
Diclofenac 75 mg inj	B/100 amp	1
Erythromycine 250mg	B/1000cp	1