



Clinic Name: \_\_\_\_\_

Clinic Number: \_\_\_\_\_

Instructions: Complete unshaded and patterned columns when formula is accepted. Complete patterned and shaded columns when formula is reissued, donated or discarded.

Date Accepted	Source of Formula (i.e., client number)	Name and Type of Formula*	Qty of Formula	Staff Initials	Date Donated, Reissued, or Discarded	Exp. Date	Lot # **	Provided to: (i.e., client/family number or non-profit organization)	Qty on Hand <sup>Ⓢ</sup>
1/2/13	999999999	Enfamil Premium - P	10	KS					10
1/28/13	777777777	Gentlease - P	6	JB					6
2/8/13	666666666	Pediasure - R	12	KDK					12
2/13/13	555555555	Enfamil Premium - C	20	KB					20
		Enfamil Premium - P	1	RP	2/15/2013	1/14	100255899	000000000	9
3/3/13	444444444	Gentlease - P	5	CB					11
3/15/13	333333333	Enfamil Premium - P	7	EG					16
		Gentlease - P	1	HK	3/26/2013	4/15	825333129	222222222	10
		Enfamil Premium - C	20	TR	4/1/2013	8/13	N/A	Gleaners	0
		Gentlease - P	10	"	"	4/15	N/A	"	0
		Pediasure - R	12	"	"	2/14	N/A	"	0
4/7/13	000000111	Enfamil Premium - P	4	DT					20
4/8/13	000000222	Neocate - P	6	KS					6
		Enfamil Premium - P	3	JB	4/12/13	5/14	82251382	888888888	17
		Enfamil Premium - P	1	JB	4/12/13	9/14	82251988	888888888	16
		Neocate - P	2	KDK	4/15/13	5/15	22832899	888999888	4
4/20/13	000000333	Peptamen Jr	24	CB					24
5/1/13	000000444	Enfamil Premium - P	2	EG					18
5/15/13	000000555	Pediasure - R	24	KS					24
		Enfamil Premium - P	6	JB					12

\* Type of Formula: C=concentrate                      P=Powder                      R=Ready to feed

\*\* Lot Number is only required when reissuing formula to a client, not when donating formula to a non-profit organization.

Ⓢ Quantity on hand should be a running total of each different name and type of formula.