**西药房借药单**

**借药人： 单位： 联系电话：**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **序号** | **药品名称** | **规格** | **数量** | **备注** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
| **5** |  |  |  |  |
| **6** |  |  |  |  |
| **7** |  |  |  |  |
| **8** |  |  |  |  |
| **9** |  |  |  |  |

**备注：请在三天之内还药。**

**主管领导：**

**西药房借药单**

**借药人： 单位： 联系电话：**

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| **7** |  |  |  |  |
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| **9** |  |  |  |  |

**备注：请在三天之内还药。**

**主管领导：**