

Community-Based Distributor Drug Register





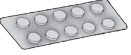
Community Case Management Program



Name of CBD: _____ Month: _____

Village: _____ Year: _____

PHU: _____ CBD No: _____

No.	Date	Patient's Name	Fever		Diarrhea		Pneumonia
			ACT small	ACT big	Zinc	ORS	Cotrimoxazole
E.g	01/12/11	Sia Lamin					
					10	3	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

For Supervisor's Use Only

Drug Report	ACT small	ACT big	Zinc	ORS	Cotrimoxazole
Balance brought forward from previous month					
Amount added during the month					
Amount used during the month					
Balance at the end of the month					
Stockouts (0s)					