

Florida Department of Health  
Prescription Drug Donation Repository Program  
**Repository Inventory Form**

**Repository Name:**

	<b>Drug Name/Medical Supply</b>	<b>Strength</b>	<b>Date of Receipt</b>	<b>Lot Number</b>	<b>Expiration Date</b>	<b>Available Quantity</b>	<b>Name of Donor</b>	<b>Donor's Address</b>	<b>Donor's Phone</b>	<b>Disposition Date</b>
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