BRUDIFARMA

Grupo BRULUART
División Comercial

# Formato de Rechazo

**FECHA:** 15-nov-2022

**CLIENTE / SUCURSAL:** MD TEXCOCO

**MOTIVOS DEL RECHAZO:** 1. Corta caducidad, 2. Producto maltratado, roto o mojado 3. Producto no solicitado, 4. Otros.

| MATERIAL | NOMBRE Y PRESENTACIÓN | CANTIDAD | LOTE | NO. FACTURA | MOTIVO DEL RECHAZO | N° 84 |
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| **506852** | DOLPROFEN TAB 600 MG C/10 | 7 | 22141749 | F0109888014 | 2 | |
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**NOMBRE Y FIRMA OPERADOR:** RODRIGO HERNANDEZ