

## Formato de Rechazo

FECHA: **03-oct-2022**

CLIENTE / SUCURSAL:

**DEKAFARMA**

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
500122	NIXELAFC CAP C/20 500 MG	20	208675	F-109876737	4	84051675
508440	MESLART SOL INY C/JER C/1 50/5 MG	90	2040375	F-109876737	4	84051675
502438	NEDICLON TAB C/20 100 MG	85	206223	F-109876737	4	84051675
502362	NORAPRED TAB C/20 5 MG	100	2081029	F-109876737	4	84051675
502412	OXOLVAN TAB C/20 30 MG	10	2040551	F-109876737	4	84051675
500071	PORTEM TAB C/10 750 MG	20	204828	F-109876737	4	84051675
500338	MATERFOL TAB C/90 400 MCG	2	MF22K017	F-109876737	4	84051675
501751	NOSIPREN TAB C/30 20 MG	140	22340819	F-109876737	4	84051675
501760	PLUSGEL TAB C/50 200/20/200 MG	14	22142217	F-109876737	4	84051675
500992	EUFENIL CAP C/10 200 MG	60	22D00016	F-109876737	4	84051675
508070	NESAJAR CAP C/16 100/300 MG	110	221553	F-109876737	4	84051675
500449	PRECICOL SOL C/20 ML	40	22H022	F-109876737	4	84051675
500450	PRECICOL TAB C/20 500/10 MG	20	22B036	F-109876737	4	84051675
501112	BACTIVER F TAB C/14 800/160 MG	30	222269	F-109876737	4	84051675
507152	BENEVENTOL CAP C/6 400 MG	72	224444	F-109876737	4	84051675
505365	BLUSYVER PRO TAB C/14 10 MG	130	223105	F-109876737	4	84051675
501140	CO ALTIVER TAB C/15 50/25 MG	10	223062	F-109876737	4	84051675
501159	DOLVER 200 TAB C/10 200 MG	30	223130	F-109876737	4	84051675
501164	DOLXEN TAB C/10 500 MG	130	222666	F-109876737	4	84051675
501162	DOLXEN TAB C/20 250 MG	10	224277	F-109876737	4	84051675
507324	ERISPAN CTO TAB C/20 0.25/5 MG	160	225448	F-109876737	4	84051675
503569	FRINVER SOL C/24 ML	30	223578	F-109876737	4	84051675
506741	GALAVER GEL C/10 SOB 10 ML	20	224085	F-109876737	4	84051675
503993	GLIOZAC TAB C/7 15 MG	10	224411	F-109876737	4	84051675
503994	GLIOZAC TAB C/7 30 MG	90	224407	F-109876737	4	84051675
508501	HIMANIX TAB C/20 200 MG	10	218470	F-109876737	4	84051675
506252	IDELIVER PRO TAB C/14 60 MG	50	225105	F-109876737	4	84051675
502550	LARITOL D TAB C/10 30/5 MG	60	225908	F-109876737	4	84051675
501204	LARITOL EX TAB C/10 30/5 MG	55	222586	F-109876737	4	84051675
507031	PAMEDAN CRE C/30 GR	30	224346	F-109876737	4	84051675

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<b>501236</b>	PENTIVER CAP C/12 500 MG	40	224727	F-109876737	4	84051675
<b>501243</b>	PRESISTIN SUS C/60 ML	10	223032	F-109876737	4	84051675
<b>500135</b>	TARMIN TAB C/12 2 MG	170	207399	F-109876737	4	84051675
<b>507439</b>	MOXIFLOXACINO TAB C/7 400 MG	56	2BN318A	F-109876737	4	84051675
<b>507875</b>	HUCIUS CAP C/30 250/70 MG	9	HC22K001	F-109876737	4	84051675
<b>501130</b>	CIPRAIN TAB C/10 500 MG	229	223799	F-109876737	4	84051675
<b>506253</b>	IDELIVER PRO TAB C/7 30 MG	30	223619	F-109876737	4	84051675
<b>506253</b>	IDELIVER PRO TAB C/7 30 MG	140	223620	F-109876737	4	84051675
<b>507875</b>	HUCIUS CAP C/30 250/70 MG	1	HC22K001	F-109876737	4	84051675
<b>501130</b>	CIPRAIN TAB C/10 500 MG	1	223799	F-109876737	4	84051675
<b>507439</b>	MOXIFLOXACINO TAB C/7 400 MG	44	2BN318A	F-109876737	4	84051675

**NOMBRE Y FIRMA DEL OPERADOR:**

ARMANDO ALONSO