DENTAL SURGERY INVENTORY REVIEW

Ref No: INV-2024-____

Date: _____
Reviewed By: _____
Location/Room: _____

ITEM DESCRIPTION	CATEGORY	MIN LEVEL	CURRENT	EXPIRY DATE	REORDER?	SUPPLIER REF
Lidocaine 2% w/ Epinephrine	Anaesthetics	2 Boxes				LID-001
Sterilization Pouches (Medium)	Infection Ctrl	500 qty		N/A		SP-M-90
Chromic Gut Sutures 4-0	Surgical	12 units				SUT-CG4
Sterile Saline 500ml	Surgical	10 units				SAL-500
Composite Resin (Shade A2)	Restorative	3 syringes				RES-A2
Nitrile Gloves (Medium)	PPE	10 Boxes		N/A		GLV-N-M
High-Volume Evacuator Tips	Disposable	200 qty		N/A		HVE-100

ITEM DESCRIPTION	CATEGORY	MIN LEVEL	CURRENT	EXPIRY DATE	REORDER?	SUPPLIER REF

Additional Observations / Maintenance Requirements:

Manager Signature: _____ Date Processed: ____ / ____ / 20____