

CITY _____ STATUS AS ON DATE _____ Name of ME _____ ; RE _____

Name of Distributors/ Dealers With Area	HP - IP : No.of Hosp./ No.of CC Beds										HP-IP / OPD / OTC - ICU Beds / Drs. / Proj. Qty. & Amt.							TOTAL	No. of Visit / Call Reqd. / to be Done
	STATUS ED/PD/ID HPIP/ OPD/ OTC	HP P/G CTG	HP Name	TB Bed	ICU Bed	Spl.		Rx Qty	Total Val. '000	STATUS of	Sgmt.→	AES	MCS	MCA	MCG	ORT	PHYSIO (SISSEL)	ICU Beds/ Drs.Qty.	
						Name	Qty											Prs./Pcs./Qty	
						Amt.													

Abbreviations : Act.-Actual,AES-Anti Embolism Stocking,C-Central,CC-Critical Care,Corp.-Corporate,Drs.-Doctors,E-East,Exst.-Existing,Hosp.-Hospital,HP-IP-Hospital Internal Pharmacy, MCA-Medical Compression Armsleeves, MCG-Medical Compression Garments, MCS-Medical Compression Stocking,N-North,No.-Number,OPD-Out Patient Department,ORT-Ortho,Pcs.-Pieces,Proj.-Projected,Prs.-Pairs,Pvt.-Private,Qty.-Quantity,Rqd-Required,S-South,W-West,

