**Ashodaya Samithi**

**8C.PrEP- Individual drug distribution form**

Name of the participant: Unique ID #:

Name of the CM/CC:

Name of the counselor who filled it:

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| --- | --- | --- | --- | --- | --- |
| Sl. No | Date | # of medicine dispensed | Dispensed by whom | Next due date | Remarks |
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