[Company name]

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Dental practice supply inventory

Dental materials and consumables - stock, par levels and expiry.

Date: _____

Inventory

Item	Unit	In stock	Par level	Expiry	Order
Composite capsules	boxes		[par]	[date]	[☐]
Local anaesthetic cartridges	boxes		[par]	[date]	[☐]

Sign-off

Name: _____ **Signature:** _____ **Date:** _____