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**Basic Medical Office Equipment
Inventory Template**

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| **Office Name** |  | **Date** |  |
| **Prepared By** |  | **Office Location** |  |

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| --- | --- | --- | --- | --- | --- | --- |
| **Equipment Name** | **Quantity** | **Model/Serial No.** | **Equipment Description** | **Condition** | **Needs Repair?** | **Remarks** |
| **Yes** | **No** |
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