CONTROLLED DRUG RECORD

NAME:				
Medication:		Dosage:	Frequency:	Method of Administration:
Date Received:	Signature of Staff Member Receiving Medication:			Doctor:
Amount Received:		Prescription #:		Pharmacy:

Signature:	Date	Time	Amount On Hand	Amount Given	Amount Remaining

.Write comments on back, dated and initialed.

Disposition of Unused Portion of Prescription: