

CONTROLLED DRUG RECORD
Individual Patient's Narcotic Record



Patient : _____
 RX # _____ Dr: _____
 Drug: _____
 SIG: _____
 QTY: _____ Date Disp: _____

Signature of Staff Receiving Medication

 Signature # of Doses Received Date

Chart each dose administered.

Directions: Sign out for the first dose given to the right of the number of doses dispensed. EXAMPLE: If 60 tabs dispensed, staff would sign the first dose to the right of #60. This means there are 59 doses left.

*** Discharge Note:**

For person receiving medications.
 My signature on this form is indication that I do not want these medications in child proof containers.

Tablets – Capsules – Ampules – (Maximum Dispensed 60 units – Minimum dosage 1 unit.)

Staff Signature	Date	Time	Dose Present	Staff Signature	Date	Time	Dose Present
			60				30
			59				29
			58				28
			57				27
			56				26
			55				25
			54				24
			53				23
			52				22
			51				21
			50				20
			49				19
			48				18
			47				17
			46				16
			45				15
			44				14
			43				13
			42				12
			41				11
			40				10
			39				9
			38				8
			37				7
			36				6
			35				5
			34				4
			33				3
			32				2
			31				1