

**CONTROLLED DRUG RECORD**  
**Individual Patient's Narcotic Record**



PLACE COPY OF  
 PRESCRIPTION LABEL HERE

**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 90 units – Minimum dosage 1 unit.)**

Staff Signature	Date	Time	Dose Present	Staff Signature	Date	Time	Dose Present
			120				90
			119				89
			118				88
			117				87
			116				86
			115				85
			114				84
			113				83
			112				82
			111				81
			110				80
			109				79
			108				78
			107				77
			106				76
			105				75
			104				74
			103				73
			102				72
			101				71
			100				70
			99				69
			98				68
			97				67
			96				66
			95				65
			94				64
			93				63
			92				62
			91				61