Controlled Drug Record

LABEL

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Signature of Staff Receiving Medication

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Quantity Date

Each dose signed here requires charting below

⇓ **MEDICATION RECORD** ⇓

Date	Time	Qty Given	Doses Remaining	Signature	Date	Time	Qty Given	Doses Remaining	Signature

Disposition of Remaining Doses: Quantity ____________________ Date____________________

☐ Doses transferred to Moye's for Disposal: Director___________________________________ RPh________________________________
Signature Signature

☐ Doses discharged with Resident: Name of Person Receiving________________________ Director______________________________