



Controlled Drug Record

Tablets

LABEL

Signature of Staff Receiving Medication _____

Each dose signed here requires charting below

Quantity _____ Date _____

↓ **MEDICATION RECORD** ↓

Date	Time	Doses Present	Signature	Date	Time	Doses Present	Signature	Date	Time	Doses Present	Signature
	90				60					30	
	89				59					29	
	88				58					28	
	87				57					27	
	86				56					26	
	85				55					25	
	84				54					24	
	83				53					23	
	82				52					22	
	81				51					21	
	80				50					20	
	79				49					19	
	78				48					18	
	77				47					17	
	76				46					16	
	75				45					15	
	74				44					14	
	73				43					13	
	72				42					12	
	71				41					11	
	70				40					10	
	69				39					9	
	68				38					8	
	67				37					7	
	66				36					6	
	65				35					5	
	64				34					4	
	63				33					3	
	62				32					2	
	61				31					1	

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 _____