NARCOTIC/CONTROLLED DRUG MEDICATION INVENTORY RECORD

Medication Name and Strength:_____ Dosage Form:_____

Physician:_____ Quantity Received:_____

Resident's Name:_____

Facility Name: _____ License #: _____

Present Count	Date/Time	Dose	Administered By	Balance

*****If any of this drug is unused, enter the quantity and date of return below, document the required information on the Inventory of Drugs for Disposal Form and return both forms with the drugs for disposal to the pharmacist.

Quantity Unused:_____ Date of Return for disposal:_____

Pharmacist Signature:_____

CONTROL COUNT

Date	Actual Count	Balance on Control Sheet Overleaf	Staff Conducting Count	Staff Observer