

CONTROLLED SUBSTANCES INVENTORY SHEET

Institution: \_\_\_\_\_ Item: \_\_\_\_\_ Strength/Size: \_\_\_\_\_

RX #:	DATE ISSUED TO INSTITUTION:		QUANTITY DISPENSED:	
	INMATE'S NAME	DATE	TIME	ADMINISTERED BY
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1.				

**CONTROLLED SUBSTANCE INVENTORY FORM**

**\*\*Stock cards are the property of the Institution they are issued to and are not to be transferred\*\***

Section I. Dispensed by Pharmacy for <input type="checkbox"/> Stock <input type="checkbox"/> Patient Specific	Section II. Use only when stock card is dispensed by Prescribing Practitioner for Individual Patient Use
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 0 auto;">                     Place Pharmacy Label Here                 </div>	(This section remains blank if card remains stock.) Dispensed by:
	Date:
	Patient's Name:
	Directions for Use:
	<input type="checkbox"/> SM-ML

	INMATE'S NAME	INMATE INIT. FOR SM-ML	STAFF SIGNATURE <small>All Non-Medical DOC Staff may only assist inmate with Self-Medication</small>	DATE	TIME
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