

Dispensed Controlled Substance Accounting Form

Name: _____ Facility _____

Drug: _____ RX# _____

Drug Strength: _____ # of Doses: _____
 Descending _____ Initials _____

Count	Prisoner	Staff	Date	Time
31				
30				
29				
28				
27				
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05				
04				
03				
02				
01				

Form #807.05G Rev. 01/10/01

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