

CONTROLLED SUBSTANCE RECORD

Nam	e:_							Progra	am Site	e:					
Dose	:						 Drug:								
Unit	s:		 				 Page:				_ Dat	e:			
••••	•	•••••	 • • • • •	• • • • • •	••••	• • • •	 	•••••	•••••	••••	••••		••••	••••	••••

Date	Time	Units Used	Received from	Total	Signature of Nurse counting	Date	weekly
			Pharmacy				check
			Brought				
			Forward				