

## Controlled Drug Record

Residents Name:				DOB:				Room #							
DATE	TIME	TABLETS CAPSULES AMPULES	SIGNATURE	DATE	TIME	TABLETS CAPSULES AMPULES	SIGNATURE	DATE	TIME	TABLETS CAPSULES AMPULES	SIGNATURE	DATE	TIME	TABLETS CAPSULES AMPULES	SIGNATURE
		120				90				60				30	
		119				89				59				29	
		118				88				58				28	
		117				87				57				27	
		116				86				56				26	
		115				85				55				25	
		114				84				54				24	
		113				83				53				23	
		112				82				52				22	
		111				81				51				21	
		110				80				50				20	
		109				79				49				19	
		108				78				48				18	
		107				77				47				17	
		106				76				46				16	
		105				75				45				15	
		104				74				44				14	
		103				73				43				13	
		102				72				42				12	
		101				71				41				11	
		100				70				40				10	
		99				69				39				09	
		98				68				38				08	
		97				67				37				07	
		96				66				36				06	
		95				65				35				05	
		94				64				34				04	
		93				63				33				03	
		92				62				32				02	
		91				61				31				01	
DISPOSITION OF REMAINING DOSES								MEDICATION INFORMATION							
<input type="checkbox"/> Doses transferred to a medical waste container								<b>MEDICATION ORDER:</b>							
Quantity	Date:	Signature		Witness:											
<input type="checkbox"/> Dose Discharged with patient								<b>DX:</b>							
Date:	Quantity:	Name Receiving Medication:													
SIGNATURE OF PARTY RECEIVING MEDICATION:				DATE:	No. of Doses Received:			START DATE:				STOP/ DISCONTINUED DATE:			
<b>PHYSICIAN PRESCRIBING MEDICATION:</b>								<b>PHONE:</b>				<b>FAX:</b>			