

Narcotic Count / Controlled Substance Log

Patient Name: _____ Date Received: _____

Prescriber Name: _____ Quantity Received: _____

Medication Name/Strength: _____ Directions: _____

#	Date	Time	Amount on Hand	Amount Given	Amount Remaining	Signature
1						
2						
3						
4						
5						
6						
7						
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