

<b>TITLE OF FORM:</b>			
Number of pages:		Procedure Number	
Prepared by:	Date:	Approved by:	Date:
Designation		Designation	

### Controlled Substances Dispensing Record

Name of Controlled Substance: \_\_\_\_\_ Form: \_\_\_\_\_ Strength: \_\_\_\_\_ Pack Size: \_\_\_\_

Date	Patient Name & Address	Purpose of Substance	Previous Balance	Amount Dispensed (or Purchased)	New Balance	Initials of Person Dispensing

Review Date:							
Date Reviewed:							
Signature:							

