

CONTROLLED DRUG COUNT SHEET FOR ORAL MEDICATIONS

Enter beginning supply under COUNT below. Each dose = 1 count. Sign out for the appropriate ordered dose. Count listed will automatically reflect your remaining current count

D A T E	T I M E	C O U N T	S I G N A T U R E/ T I T L E	D A T E	T I M E	C O U N T	S I G N A T U R E/ T I T L E
		60				30	
		59				29	
		58				28	
		57				27	
		56				26	
		55				25	
		54				24	
		53				23	
		52				22	
		51				21	
		50				20	
		49				19	
		48				18	
		47				17	
		46				16	
		45				15	
		44				14	
		43				13	
		42				12	
		41				11	
		40				10	
		39				9	
		38				8	
		37				7	
		36				6	
		35				5	
		34				4	
		33				3	
		32				2	
		31				1	

MED DISCHARGE/DISPOSAL

DISCHARGED W/MEDS: **I ACCEPT NON CHILD PROOF CONTAINER**

MED DISPOSAL VIA MEDICAL WASTE

SIGNATURES:

WITNESS 1: _____

WITNESS 2: _____

DATE: _____

RESIDENT: _____

MED & DOSE: _____

DIR: _____

MD: _____

DATE FILLED: _____,

PHARMACY: _____

RX #: _____