Narcotics and Controlled Drugs Inventory Record

For the Office Practice

Drug Name and Strength:_____ Dosage Form:_____

Date of Count	Starting Inventory	Incoming Drugs			Balance on Hand	Two-Person Verification (*initials*)	Outgoing Drugs			Current Inventory	Two-Person Verification (*initials*)
		Date	Amt Ordered	Amt Received			Date Dispensed	Qty Dispensed	Patient Name		

Copies of prescriptions and orders for narcotics and controlled substances must be placed in the medical record.