

Controlled Substance Count Sheet

Individual's Name:	
Medication/Strength: _	
Prescription Number:	 Quantity:

ON HAND	AMOUNT USED	AMOUNT LEFT	SIGNATURE

$\underline{Controlled\ Substance\ Count\ Sheet}\ (continued)$

Individual's Name:	
Medication/Strength:	
Prescription Number:	Quantity:

DATE	TIME	AMOUNT ON HAND	AMOUNT USED	AMOUNT LEFT	SIGNATURE

PARC Approved: 06/24/08 Form #25 CS/ASP