Controlled Substance Count Sheet

Individual's Name: ________________________________
Medication/Strength: ______________________________
Prescription Number: ______________________________ **Quantity:** _______________

DATE	TIME	AMOUNT ON HAND	AMOUNT USED	AMOUNT LEFT	SIGNATURE

<u>Controlled Substance Count Sheet</u> (continued)

Individual's Name: ________________________________
Medication/Strength: ______________________________
Prescription Number: ______________________________ **Quantity: _______________**

DATE	**TIME**	**AMOUNT ON HAND**	**AMOUNT USED**	**AMOUNT LEFT**	**SIGNATURE**