

SAMPLE COMPLETED CONTROLLED SUBSTANCE RECORD

INDIVIDUAL RESIDENT'S CONTROLLED SUBSTANCE RECORD						
Resident Name			Prescribed by			
<i>Long, Edna</i>			<i>Watson 1/10/05</i>			
Medication Name			Dosage	Method of Admin		
<i>Lorazepam 0.5mg</i>			<i>1 tab</i>	<i>po</i>		
Date received	Amount Rec'd		Prescription No.		Pharmacists Name	
Administered by (full signature)		Date	Time	Total on Hand	Amount Given	Amount Remaining
<i>D. More</i>		<i>1/10/05</i>	<i>10 PM</i>	<i>30</i>	<i>1</i>	<i>29</i>
<i>D. More</i>		<i>1/11/05</i>	<i>9 PM</i>	<i>29</i>	<i>1</i>	<i>28</i>
<i>D. More</i>		<i>1/12/05</i>		<i>28</i>	<i>1</i>	<i>27</i>