

Controlled Drug Inventory

Drug: _____ Strength: _____ Provider DEA# _____ Original Quantity: _____

Date Dispensed / Administered	Patient Dispensed / Administered to	Dispensed / Administered by	Quantity Dispensed / Administered	Quantity Remaining

Signature/Initials: _____ Printed Name: _____

Signature/Initials: _____ Printed Name: _____

Dispensed ONLY by: physician, surgeon, pharmacist, or other lawfully authorized persons (NP, CNM, RN, PA)
MA's or other office personnel are not authorized to dispense medications. MA's may administer medications after verifying drug and dose with licensed practitioner.