CONTROLLED DRUG RECEIPT / RECORD / DISPOSITION FORM

Rx # ______________ Date Rec'd. ______________

Pt. Name ______________ Dr. ______________

Drug Name/Str. ______________

Directions ______________

____

Pharmacy ______________ Qty. Rec'd. ______________

____
PHARMACIST'S SIGNATURE

____
NURSE'S SIGNATURE QTY.

DISPOSITION OF REMAINING DOSES

☐ Rendered unuseable & placed in biohazard for incineration Quantity ______ Date ______

RN ______________ R. Ph. ______________
Signature Signature

☐ Doses transferred to other Disposal Record Date ______________
☐ Doses discharged with patient (SEE RECORD ON CHART).

☐ Doses discharged with patient Quantity ______________ Date ______________

☐ Party Receiving ______________ Nurse ______________
(See Discharge Note) Signature

EACH DOSE SIGNED FOR HERE REQUIRES CHARTING ON THE MEDICATION RECORD

Date	Time	Amount		Signature	Date	Time	Amount		Signature	Date	Time	Amount		Signature
		Given	Left				Given	Left				Given	Left	