

Record of Controlled Substance (II-V) Administered/Dispensed

Drug Name: _____

Concentration (mg/mL): _____

	Date	Description of Procedure	Patient Initial/ID #	Amount Administered	Amount Wasted	Initials of Witness	Balance	Home Address of Patient	Manner of Distribution or Disposal
1				mLs	mLs		mLs		
2				mLs	mLs		mLs		
3				mLs	mLs		mLs		
4				mLs	mLs		mLs		
5				mLs	mLs		mLs		
6				mLs	mLs		mLs		
7				mLs	mLs		mLs		
8				mLs	mLs		mLs		
9				mLs	mLs		mLs		
10				mLs	mLs		mLs		
11				mLs	mLs		mLs		
12				mLs	mLs		mLs		
13				mLs	mLs		mLs		
14				mLs	mLs		mLs		
15				mLs	mLs		mLs		
16				mLs	mLs		mLs		
17				mLs	mLs		mLs		
18				mLs	mLs		mLs		
19				mLs	mLs		mLs		
20				mLs	mLs		mLs		
21				mLs	mLs		mLs		
22				mLs	mLs		mLs		
23				mLs	mLs		mLs		
24				mLs	mLs		mLs		
25				mLs	mLs		mLs		
26				mLs	mLs		mLs		
27				mLs	mLs		mLs		
28				mLs	mLs		mLs		
29				mLs	mLs		mLs		
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33				mLs	mLs		mLs		
34				mLs	mLs		mLs		
35				mLs	mLs		mLs		
36				mLs	mLs		mLs		
37				mLs	mLs		mLs		
38				mLs	mLs		mLs		
39				mLs	mLs		mLs		
40				mLs	mLs		mLs		
41				mLs	mLs		mLs		
42				mLs	mLs		mLs		
43				mLs	mLs		mLs		
44				mLs	mLs		mLs		
45				mLs	mLs		mLs		
46				mLs	mLs		mLs		
47				mLs	mLs		mLs		
48				mLs	mLs		mLs		
49				mLs	mLs		mLs		
50				mLs	mLs		mLs		
51				mLs	mLs		mLs		
52				mLs	mLs		mLs		
53				mLs	mLs		mLs		
54				mLs	mLs		mLs		
55				mLs	mLs		mLs		
56				mLs	mLs		mLs		
57				mLs	mLs		mLs		
58				mLs	mLs		mLs		
59				mLs	mLs		mLs		
60				mLs	mLs		mLs		

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62				mLs	mLs		mLs		
63				mLs	mLs		mLs		
64				mLs	mLs		mLs		
65				mLs	mLs		mLs		
66				mLs	mLs		mLs		
67				mLs	mLs		mLs		
68				mLs	mLs		mLs		
69				mLs	mLs		mLs		
70				mLs	mLs		mLs		
71				mLs	mLs		mLs		
72				mLs	mLs		mLs		
73				mLs	mLs		mLs		
74				mLs	mLs		mLs		
75				mLs	mLs		mLs		
76				mLs	mLs		mLs		
77				mLs	mLs		mLs		
78				mLs	mLs		mLs		
79				mLs	mLs		mLs		
80				mLs	mLs		mLs		
81				mLs	mLs		mLs		
82				mLs	mLs		mLs		
83				mLs	mLs		mLs		
84				mLs	mLs		mLs		
85				mLs	mLs		mLs		
86				mLs	mLs		mLs		
87				mLs	mLs		mLs		
88				mLs	mLs		mLs		
89				mLs	mLs		mLs		
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92				mLs	mLs		mLs		
93				mLs	mLs		mLs		
94				mLs	mLs		mLs		
95				mLs	mLs		mLs		
96				mLs	mLs		mLs		
97				mLs	mLs		mLs		
98				mLs	mLs		mLs		
99				mLs	mLs		mLs		
100				mLs	mLs		mLs		
101				mLs	mLs		mLs		
102				mLs	mLs		mLs		
103				mLs	mLs		mLs		
104				mLs	mLs		mLs		
105				mLs	mLs		mLs		
106				mLs	mLs		mLs		
107				mLs	mLs		mLs		
108				mLs	mLs		mLs		
109				mLs	mLs		mLs		
110				mLs	mLs		mLs		
111				mLs	mLs		mLs		
112				mLs	mLs		mLs		
113				mLs	mLs		mLs		
114				mLs	mLs		mLs		
115				mLs	mLs		mLs		
116				mLs	mLs		mLs		
117				mLs	mLs		mLs		
118				mLs	mLs		mLs		
119				mLs	mLs		mLs		
120				mLs	mLs		mLs		

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123				mLs	mLs		mLs		
124				mLs	mLs		mLs		
125				mLs	mLs		mLs		
126				mLs	mLs		mLs		
127				mLs	mLs		mLs		
128				mLs	mLs		mLs		
129				mLs	mLs		mLs		
130				mLs	mLs		mLs		
131				mLs	mLs		mLs		
132				mLs	mLs		mLs		
133				mLs	mLs		mLs		
134				mLs	mLs		mLs		
135				mLs	mLs		mLs		
136				mLs	mLs		mLs		
137				mLs	mLs		mLs		
138				mLs	mLs		mLs		
139				mLs	mLs		mLs		
140				mLs	mLs		mLs		
141				mLs	mLs		mLs		
142				mLs	mLs		mLs		
143				mLs	mLs		mLs		
144				mLs	mLs		mLs		
145				mLs	mLs		mLs		
146				mLs	mLs		mLs		
147				mLs	mLs		mLs		
148				mLs	mLs		mLs		
149				mLs	mLs		mLs		
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144				mLs	mLs		mLs		
145				mLs	mLs		mLs		
146				mLs	mLs		mLs		
147				mLs	mLs		mLs		
148				mLs	mLs		mLs		
149				mLs	mLs		mLs		
150				mLs	mLs		mLs		

Physical Inventory (complete at least Annually)

DEA Number: _____

Performed by: _____

Date: _____

Time: _____

INITIAL

ANNUAL

Name of Controlled Substance (Strength and Size)	Quantity on Hand	Name of Controlled Substance (Strength and Size)	Quantity on Hand

Transfer Log For Schedule III, IV, or V Controlled Substances
Do not use this form for Schedule I or Schedule II agents. Schedule I or II require DEA Forms

Source Licensee: _____
 DEA Number of Source Licensee: _____

Receiving Licensee: _____
 DEA Number of Receiving License: _____

Date of Transfer	Drug Name	Drug Concentration	Bottle Volume (total mLs)	Quantity (Number of Bottles)	Assigned Unique ID Number(s)	Signature of Person Receiving	Initials of Person Receiving
			mLs				
			mLs				
			mLs				
			mLs				
			mLs				
			mLs				
			mLs				

Signature of Source Licensee: _____

Date: _____

Printed Name: _____

Signature of Receiving Licensee: _____

Date: _____

Printed Name: _____

Signature of Authorized Official Witnessing Transfer: _____

Date: _____

Printed Name: _____

Reason for Transfer: _____

Notes: _____