NARCOTIC/CONTROLLED DRUG COUNT

-This form serves as a log to monitor usage of controlled medication. One drug per patient per form. This form monitors refills and usage only. A separate form is available for drug <u>count by shift</u>.

-Controlled medications are identified with prescription numbers starting with N2, 2, C4 or 4.

Facility:___________________________ Pharmacy Provider: Botika LTC

Drug name/Strength:_______________________________ Patient: ____________________________

Date	Time	Count	Used	Remaining	Staff