CONTROLLED DRUG RECEIPT/RECORD/DISPOSITION FORM

Rx#	Date Received	
Pt Name	Doctor	
Drug Name/Strength		
Directions		
GUARDIAN PHARMACY	Quantity Received	Admin Time

Signature of nurse receiving medication

No. of Doses Date

Each dose signed for here requires charting on the medication record

Disposition of Remaining Doses

Doses Disposed Quantity: _____ Date: _____

RN Signature: _____

Rph Signature/Witness: _____

Date	Time	Amount		Signature
		Given	Left	