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	

Date	Time	Amount		Signature
		Given	Left	

Date	Time	Amount		Signature
		Given	Left	