Sample Drug Register for Narcotics, Controlled Drugs, Benzodiazepines and Targeted Substances

DRUG:

INVOICE #:

PURCHASE DATE:

QUANTITY PURCHASED:

PURCHASED FROM:

EXPIRY DATE:

DATE	PATIENT	QUANTITY	DISPENSED/ ADMINISTERED	EXPIRED/LOST/ WASTE	BALANCE	ID TYPE AND NUMBER	SIGNATURE(S)

12/17_4699