NARCOTIC & CONTROLLED DRUG ACCOUNTABILITY GUIDELINES

NARCOTICS AND CONTROLLED DRUGS PERPETUAL INVENTORY FORM

DRUG NAME & STRENGTH: __________ DOSAGE FORM: _______________
DATE: ___________

PURCHASES			PRESCRIPTIONS			STARTING INVENTORY OR BALANCE FORWARD	PHARMACIST'S SIGNATURE	
Invoice #	Date Received	Quantity Received	Rx Number	Date Filled	Quantity Dispensed	Current Inventory		

These records must be kept for a minimum of 2 years

MPhA Sample Form