

Name of Person Completing Form		Title			<b>Office Use Only</b>	
Signature					<b>LOG NUMBER</b> <hr/>	
Controlled Substance License #		<small><b>Note:</b> If the facility/program or individual is not subject to Article 33 controlled substance licensure, the applicable DEA registration number should be entered.</small>				
Name of Controlled Substance	Strength/ Dosage Form	Quantity or Liquid Amount	Reason for Disposal/ Destruction	Source of Controlled Substance	Rx Number (Class 3A license holders only)	
<b>Example:</b> Lorazepam	0.5 mg Tablet	40	Discontinued	Smith Pharmacy	1234567	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						