NARCOTICS AND CONTROLLED DRUGS
PERPETUAL INVENTORY FORM

DRUG NAME & STRENGTH: ____________________________ DOSAGE FORM: ______________________

PURCHASES			PRESCRIPTIONS			STARTING INVENTORY OR BALANCE FORWARD	PHARMACIST'S SIGNATURE
DATE RECEIVED	INVOICE#	QUANTITY RECEIVED	DATE FILLED	PRESCRIPTION#	QUANTITY DISPENSED	CURRENT INVENTORY	

This is a sample form for use by pharmacies using a pharmacy system that does NOT automatically track and document inventory changes on a summary report.