

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		