

Place Label here

HOMETOWN LTC PHARMACY

A Specialty Pharmacy

1450 West McCoy Lane Suite B

Santa Maria, CA 93455

Phone: (805)928-2200

Fax: (805)928-6200

CONTROLLED DRUG RECORD

Total amount received: _____
 Received By: _____
 Date: _____

DATE/TIME	NO.	SIGNATURE									
	124			93			62			31	
	123			92			61			30	
	122			91			60			29	
	121			90			59			28	
	120			89			58			27	
	119			88			57			26	
	118			87			56			25	
	117			86			55			24	
	116			85			54			23	
	115			84			53			22	
	114			83			52			21	
	113			82			51			20	
	112			81			50			19	
	111			80			49			18	
	110			79			48			17	
	109			78			47			16	
	108			77			46			15	
	107			76			45			14	
	106			75			44			13	
	105			74			43			12	
	104			73			42			11	
	103			72			41			10	
	102			71			40			9	
	101			70			39			8	
	100			69			38			7	
	99			68			37			6	
	98			67			36			5	
	97			66			35			4	
	96			65			34			3	
	95			64			33			2	
	94			63			32			1	

Doses discharged with patient: Quantity: _____ Date: _____ Party Receiving: _____ Nurse: _____
 Doses disposed : Method: _____ Quantity: _____ Date: _____ Signature/Title _____ Signature/Title _____