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**		