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**		