NAME OF DRUG _____

AMOUNTS OBTAINED			AMOUNTS ADMINISTERED / DISCARDED							
Amount 1	Date Received 2	Serial No. of Requisition 3	Date 4	Time 5	Patient's Name 6	Amount Given 7	Amount Discarded 8	Given by (Signature) 9	Witnessed by (Signature) 10	Balance Left in Stock 11

JORDAN WOODROWS SAMPLE ONLY

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Columns 9 and 10 must be completed by the signature of the person checking and administering the drug.