*****SAMPLE*****

Controlled Substance Log

Medication Name: _____ Dosage: _____

Original Quantity of Drug: _____ Lot Number: _____

Manufacturer Name: _____

Physician's DEA Number: _____ DEA Expires: _____

Date Administered	Name of Patient Receiving Drug	Quantity Dispensed/ Additions	Remaining Doses on Hand	Print Name of Authorized Person dispensing drug	Initials