

Agency Name _____

CONTROLLED SUBSTANCE SIGN OUT SHEET

*This sheet is to be completed **each time** a controlled substance is removed from the blister pack or bottle*

*This sheet is **also used to sign out controlled substances sent on home visits, outings, etc.***

MONTH _____

YEAR _____

Name of Person:	Health Care Practitioner:
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Date	Time	Medication/Dosage/Form	# Present	# Given	# Remaining	Signature and Credentials	Comments

NDP 17
Sept 2019

Optional Form

Date	Time	Medication/Dosage/Form	# Present	# Given	# Remaining	Signature and Credentials	Comments

Agency must have a form of documentation that records controlled medication count whenever medication is removed from pharmacy packaging. May use this form or their Agency version of form.