FNIHB POLICY AND PROCEDURES ON CONTROLLED SUBSTANCES FOR FIRST NATIONS HEALTH FACILITIES

ANNEX 2A - CS REGISTER FORM - DRUG COUNT - SINGLE DRUG

Page No.

NAME OF HEALTH FACILITY:			DRUG NAME (GENERIC), AND STRENGTH:				UNIT OF ISSUE (E.G. TAB, CAPS, AMP, VIAL):
DATE	Тіме	PATIENT NAME, AND DOB OR IDENTIFIER NO. (OR SUPPLIER'S NAME UPON RECEIPT)	QUANTITY				SIGNATURE OF
			REC'D	ISSUED	Bal.	Name of Prescriber	REGISTERED NURSE PROVIDING CS TO PATIENT

Note:

- Drug Counts and Additions (Drugs Received) in RED ink Drugs Issued (Quantity of drug dispensed, returned or destroyed) in BLUE or BLACK ink
- Errors: Strike out, indicate reason for error, and initial