## CONTROLLED DRUG RECEIPT/RECORD/DISPOSITION FORM

Rx#	Date Received		
Pt Name	Doctor	Signature of nurse receiving medication	
Drug Name/Strength  Directions		No. of Doses Date	Disposition of Remaining Doses  Doses Disposed Quantity:
Directions			RN Signature:
GUARDIAN PHARMACY	Quantity Received Admin Time	Each dose signed for here requires charting on the medication record	Rph Signature/Witness:

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