

Perpetual Controlled Drug Inventory Log

Pharmacy N	ame:						
Drug Name:			Strength:				
National Dru	ıg Code:		Dosage Fo	Dosage Form:			
Date	Rx#	P0#	Received	Dispensed	Balance	Pharmacist Signature	



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Date	Rx#	P0#	Received	Dispensed	Balance	Pharmacist Signature