

File within 3rd spine

NHS number: _____

Name: _____

Address: _____

Date of birth: _____

CR number: _____

Affix patient label

CONTROLLED DRUG STOCK RECORD

Drug and concentration:

To be checked on every occasion when medication is used (for community use only)

Sheet number

Date	Time	Stock recieved into home	No. ampoules used	Amount discarded	Batch number	Signature	Signature	Balance
Total amount disposed of :					Signature 1:		Signature 2:	