McLaren Medical Group

CONTROLLED SUBSTANCE LOG

	Name Of Drug			*Strength Of Drug*		*Qty R'cvd*		*Site*	
	Lot Number			*Expiration Date*		*R'cvd By*			
	Date	**Time**	**Patient**	**Dose**	**Physician**	**Administered By**	**Amount Wasted**	**Co-Signature**	**Quantity Remaining**
10									
9									
8									
7									
6									
5									
4									
3									
2									
1									