

McLAREN FLINT

# PHARMACY CONTROLLED SUBSTANCE DISPENSE SHEET

NURSING UNIT \_\_\_\_\_ DATE: \_\_\_\_\_

Medication	Strength	Qty

Issue

Pharmacist Signature: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_

Return

Nurse Signature: \_\_\_\_\_

Pharmacist Signature: \_\_\_\_\_