CONTROLLED SUBSTANCES (CII) INVENTORY LOG

MISSION:	
LOCATION:	

DRUG/STRENGTH/FORM/PACKAGE SIZE	NDC Number

DATE	DISPENSING RPh	PATIENT NAME/DOB or Rx No.	INVOICE # (DEA 222)	QUANTITY RECEIVED	QUANTITY DISPENSED	BALANCE

Version 1 (04/2007) PHS FORM ADM-004

CONTROLLED SUBSTANCES (CII) INVENTORY LOG

MISSION:	
LOCATION:	

DRUG/STRENGTH/FORM/PACKAGE SIZE	NDC Number

DATE	DISPENSING RPh	PATIENT NAME/DOB or Rx No.	INVOICE # (DEA 222)	QUANTITY RECEIVED	QUANTITY DISPENSED	BALANCE

Version 1 (04/2007) PHS FORM ADM-004