**CONTROLLED DRUG REGISTER**

**Vessel:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Substance: | | | | | Tablets/capsules |  | Strength | Comments |
| Injections | |
| Date of initial inventory: | | | | | Amount of initial inventory: | | | |
|  | Section I: IN | | Section II: OUT | | | | Nurse’s Name and Signature | Doctor’s Name and Signature |
| Date | Reason ordered | Amount Received | Amount dispensed | Total Remain on Board | 1. Patients Name; or  2. Return Supplier’s Name; or  3. Reason for removal/transfer | |
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NB: One page to be used for each controlled drug in each form of application.

Keep onboard for two years after the date of the last entry