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| Drug Bag No: |  |
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| Date Issued: |  |
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| Return by |  |

**Drug Transfer Register – Narcotics and Controlled Drugs**

This register is to be used by Licensed HCP’s when transferring drugs to and from the pharmacist

**Issue from Pharmacy store**

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| **Date** | **Time** | **Issuing Pharmacist**  **(Sign & Pin)** | | **Receiving License HCP**  **(Sign & Pin)** | | **Security Seal No.** |
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| **Date** | **Time** | **HCP/Pharmacist Releasing Drug Pack (Sign & Pin** | | **HCP/Pharmacist Receiving Drug Pack (Sign & Pin** | | **Security Seal No.** |
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