

DISPENSED MEDICATION SAMPLES LOG

Patient Name	PHN	Medication (Generic & Brand name)	Pharmaceutical Manufacturer	Strength	Lot #	Expiry date (dd/mmm/yyyy)	*Quantity dispensed (# of boxes)	Date dispensed (dd/mmm/yyyy)	Dispensed by Name / Initials

[★]Document number of doses dispensed and dosage form in Cerner.