Controlled Substance Dispensing Record

| DEA Registrant Name | DEA Registrant # | Controlled Substance | Schedule |
|---------------------|---------------------------------|-------------------------------------|---------------|
| Lot # | Finished Form & Number of Units | Acquired From (Name, Address, DEA#) | Date Acquired |

| Dispensed/Transferred to: Name and Address, DEA# if Transfer | Date Dispensed | Amount Dispensed Units/Volume | Recipient Initials |
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Instructions: Complete one form for each substance in inventory. Maintain in Registrant records. Document must be retained for two years from the last date of activity.