DATE CONTROL DRUG SIGNOUT SHEET BLDG. & L.U.

DRUG & STRENGTH & FORM_____ CONTROL SHEET NUMBER_____

ISSUED BY_____ NUMBER DISPENSED_____ RECEIVED BY_____

NO.	DRUG NAME	STR.	RESIDENT'S NAME	DATE	TIME	MD'S NAME	NO.	SIGNATURE & TITLE

TOTAL NUMBER REMAINING _____

NO.	DRUG NAME	STR.	RESIDENT'S NAME	DATE	TIME	MD'S NAME	NO.	SIGNATURE & TITLE

NO.	DRUG NAME	STR.	RESIDENT'S NAME	DATE	TIME	MD'S NAME	NO.	SIGNATURE & TITLE

TOTAL NUMBER REMAINING _____

NO.	DRUG NAME	STR.	RESIDENT'S NAME	DATE	TIME	MD'S NAME	NO.	SIGNATURE & TITLE