

NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD
NAVME 6710/1 (Rev. 1-2002) (To be used with NAVME 6710/4)

WARD

TO BE FILLED IN BY PHARMACY

DRUG (Name, strength (per tablet or per ML), DOSAGE)

ISSUED BY

RECEIVED BY

DATE ISSUED

PRESCRIPTION SERIAL NO.

AMOUNT ISSUED

DATE	HOUR	PATIENT	ORDERED BY (Doctor's Name)	GIVEN BY (Signature)	AMOUNT EXPENDED	AMOUNT WASTED	DESTROYER'S SIGNATURE (If applicable)	WITNESS'S SIGNATURE (If applicable)	BALANCE ON HAND