Sandra’s Nursing Services L.L.C.

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**NARCOTICS RECORD**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Patient Name: | | Prescribed By: | | | Start Date: | | |
| Medication Name: | | Dosage: | | | End Date: | | |
| Amount Ordered: | | Amount Received: | | | RX Number: | | |
| Date Received: | | Staff Received: | | | Pharmacist Name: | | |
| Name of Person Giving | Date | Time | Amount on Hand | Amount Received | | Amount Given | Amount Remaining |
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