

# Controlled Substance Distribution Log

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

Original Quantity of Drug: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Manufacturer Name: \_\_\_\_\_

Physicians DEA Number: \_\_\_\_\_

DEA Expires: \_\_\_\_\_

Date Administered	Name of Patient Receiving Drug	Quantity Dispensed/ Additions	Route IM/IV	Remaining Doses on Hand	Print Name of Authorized Person dispensing drug	Initials