

MED-PASS, Inc.

Controlled Drug Records Comparison

Form #	Form Title	Dosage Forms <i>liquids, ampules, capsules, tablets, patches, injections</i>	Amounts <i>preprinted or varying</i>	Minimum Dose	Maximum Dispensed	Unit of Measure	Ink Color <i>(on white paper)</i>
MP5201	Controlled Drug Record	Side One - Capsules/Ampules/ Tablets/Patches	Preprinted	1	90	100 / pad	teal & pink
		Side Two - Liquids	Preprinted	5 ml	480 ml		
		Side Two - Injections	Varying (not preprinted) Column for Amount Left	30 lines			
4-2111	Controlled Drug Record	Side One - Liquids	Preprinted	5 ml	480 ml	100 / pad	blue
		Side One - Injections	Preprinted	.5 ml	20 ml		
		Side Two - Capsules/Ampules/ Tablets/Patches	Preprinted	1	120		
4-2112	Controlled Drug Record	Side One - Liquids	Varying (not preprinted)	96 lines		100 / pad	green
		Side One - Injections	Varying (not preprinted)	40 lines			
		Side Two - Capsules/Ampules/ Tablets/Patches	Preprinted	1	120		
4-2113	Controlled Drug Record	Side One - Liquids	Varying (not preprinted) Column for Amount Remaining	64 lines		100 / pad	green
		Side One - Injections	Varying (not preprinted) Column for Amount Remaining	40 lines			
		Side Two - Capsules/Ampules/ Tablets/Patches	Preprinted	1	120		

CONTROLLED DRUG RECORD
- Chart each dose administered.

* **DISCHARGE NOTE: For person receiving medications.**
My signature on this form is indication that I do not want these medications in child proof containers and I understand that if I do want the child proof containers I may return these drugs to the issuing pharmacy for repackaging.

TABLETS - CAPSULES - AMPULES - PATCHES - (MAXIMUM DISPENSED 120 UNITS, MINIMUM DOSAGE 1 UNIT).

DATE	TIME	TABLETS CAPSULES AMPULES	SIGNATURE	DATE	TIME	TABLETS CAPSULES AMPULES	SIGNATURE	DATE	TIME	TABLETS CAPSULES AMPULES	SIGNATURE	DATE	TIME	TABLETS CAPSULES AMPULES	SIGNATURE
		120				90				60				30	
		119				89				59				29	
		118				88				58				28	
		117				87				57				27	
		116				86				56				26	
		115				85				55				25	
		114				84				54				24	
		113				83				53				23	
		112				82				52				22	
		111				81				51				21	
		110				80				50				20	
		109				79				49				19	
		108				78				48				18	
		107				77				47				17	
		106				76				46				16	
		105				75				45				15	
		104				74				44				14	
		103				73				43				13	
		102				72				42				12	
		101				71				41				11	
		100				70				40				10	
		99				69				39				9	
		98				68				38				8	
		97				67				37				7	
		96				66				36				6	
		95				65				35				5	
		94				64				34				4	
		93				63				33				3	
		92				62				32				2	
		91				61				31				1	

SAMPLE

TIME TO REORDER?

DISPOSITION OF REMAINING DOSES

Doses transferred to a medical waste container
 Doses flushed
 Doses Incinerated

Quantity	Date	RN Signature	R. Ph. Signature
----------	------	--------------	------------------

Doses transferred to other Disposal Record
 Date Signature/Title

Doses discharged with patient (SEE RECORD ON CHART)
 Quantity Date

Party Receiving:
 *See Discharge Note
 Nurse Signature

SIGNATURE OF NURSE RECEIVING MEDICATION:	Date	No. of Doses Received:
---	------	------------------------

NAME ► LABEL

MEDICATION ►

DIRECTIONS ►

DOCTOR ►

