SAMPLE MEDICATION LOG

Drug Name_____**Strength**_____**Drug Company**_____

Amount Remaining from Previous Month_____**Month and Year**_____

Date	Quantity received	Expiration Date	Drug Detail Person Initials		Date Out	Patient's Name	Lot Number	Physician's Signature/Initial
TOTAL RECEIVED_____					**TOTAL DISPENSED/EXPIRED**_____			

Amount Remaining from Previous Month _____

PLUS Total Qty. rec'd during Month _____

Subtotal _____

LESS Total Disp./Exp. During Month _____

Total end of Month Inventory _____