

## Narcotic/Controlled Substance Record

Name Rx			Month/			
			Dosage			
# at begir	nning of mo	onth	-			
Prescribir	ng Physicia	n	Residen	tial Provider		
Date	Time	# Given	# Refilled	Administered/Received By	# Left	
Date	1	<i>"</i>	" Hormou	riammeterea, riceerea by	" 2010	
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