10-15-10

Drug Accountability Record (for Stock Buprenorphine Supplies)

Medication:	**Dose Form and Strength: 2/0.5 mg 8/2 mg**
Physician Name:	**Dispensing Area:**
	Note: An inventory must be performed at the beginning and end of each day which can be performed by MD, nurse or pharmacist

Line No.	Date	Patient's Name	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward ---------- Balance	Manufacturer and Lot No.	Recorder's Signature (2 required if an inventory is performed)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								