

Narcotic Tracking Form

Date: _____ Time: _____

Patient Name: _____

Account Number: _____ Room Number: _____

Drug Name and Strength: _____ Quantity: _____

May place patient duplicate label below in place of above information:

Patient's own home med being dispensed for immediate patient use

Narcotic being returned at Pharmacy window

Pharmacy signature: _____

Nursing signature: _____

** This form should be placed in hanging bins by Pharmacy door when complete.