Countable Controlled Substance Book

Name of Agency: Amercare

Name of Service Site: 45 Shade Street, Treetop MA 00000

Book Number: 1

- Section 1 Index
- Section 2 Count Sheets
- Section 3 Count Signature Sheets

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Name	Medication and Strength	Page Number			Person responsible for removing medication from count
David Cook	Phenobarbital 32.4mg	1	2		
Tanisha Johnson	Clonazepam 1mg	3			
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Ellen Tracey	Lorazepam 0.5mg	5			
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Name: David Cook

Doctor: Dr. Black

Pharmacy: Greenleaf

X Original Entry or Transferred from page Prescription Number: N671 Prescription Date: Feb. 17, yr

Medication and Strength: Phenobarbital 32.4mg Press Directions: Take 3 tablets by mouth once daily in evening

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
2/17/yr	9am	Recei	ved from	Pharmac	y 42	Línda Whíte/Sam Dowd
2/17/yr	8pm	mouth	42	three	39	Jenna Sherman
2/18/yr	8pm	mouth	39	three	36	Jenna Sherman
2/19/yr	8pm	mouth	36	three	33	Amanda Smíth
2/20/yr	8pm	mouth	33	three	30	Amanda Smíth
2/21/yr	8pm	mouth	30	three	27	Amanda Smíth
2/22/yr	8pm	mouth	27	three	24	Jenna Sherman
2/23/yr	8pm	mouth	24	three	21	Jenna Sherman
2/24/yr	8pm	mouth	21	three	18	Amanda Smíth
2/25/yr	8pm	mouth	18	three	15	Amanda Smíth
2/26/yr	8pm	mouth	15	three	12	Amanda Smíth
2/27/yr	8pm	mouth	12	three	9	Jenna Sherman
2/28/yr	8pm	mouth	9	three	6	Jenna Sherman
3/1/yr	8pm	mouth	6	three	3	Amanda Smíth
3/2/yr	8pm	mouth	3	three	0	Amanda Smíth

 Amount left <u>0</u> transferred to page <u>2</u>

 Signature <u>Amanda Smith</u>

 Signature <u>Jenna Sherman</u>

Name: David Cook

Doctor: Dr. Black

Pharmacy: Greenleaf

Original Entry or X_Transferred from page_1_ Prescription Number: N671 Prescription Date: March 3, yr

Medication and Strength: Phenobarbital 32.4mg Directions: Take 3 tablets by mouth once daily in evening

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
3/2/yr	9pm	Tr	ansferi	red	0	Amanda Smith/Jenna Sherman
3/3/yr	9am	Recei	ved from	Pharmac	y 30	Línda Whíte/Sam Dowd

Amount left _____ transferred to page _____ Signature _____ Signature _____

 Name: Tanisha Johnson
 X
 Original Entry or

 Doctor: Dr. Chen Lee
 Transferred from page

 Pharmacy: Greenleaf
 Prescription Number: N236

 Medication and Strength: Clonazepam 1mg
 Prescription Date: March 3, yr

Directions: Take 1 tablet by mouth twice daily at 8am and 4pm

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
3/3/yr	9am	Receiv	ed from	Pharmacy	30	Línda Whíte/Sam Dowd

Amount left _____ transferred to page _____

Signature ______Signature ______

Name: Tanisha Johnson

Doctor: Dr. Chen Lee

Pharmacy: Greenleaf

X Original Entry or Transferred from page Prescription Number: N347 Prescription Date: March 3, yr

Medication and Strength: Phenobarbital 32.4mg Press Directions: Take 2 tablets by mouth once daily in evening

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
3/3/yr	9am	Receiv	red from	Pharmacy	30	Línda Whíte/Sam Dowd

Amount left _____ transferred to page _____ Signature _____

Signature _____

Name: Ellen Tracey

Doctor: Dr. Glass

Pharmacy: Greenleaf

Medication and Strength: Lorazepam 0.5mg

Directions: Take 2 tablets by mouth twice daily

X Original Entry or Transferred from page Prescription Number: N458 Prescription Date: March 3, yr

and 1 tablet by mouth once daily PRN, anxiety. Give PRN dose at least 4 hours apart from scheduled dose. See Support Plan.

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
3/3/yr	9am	Receiv	ved from	Pharmacy	, 30	Línda Whíte/Sam Dowd

Amount left	transferred to page	
Signature		
Signature		

Name: Juanita Gomez Doctor: Dr. Jones Pharmacy: Greenleaf Medication and Strength: Tramadol 50mg Directions: Take 1 tablet by mouth twice daily

X Original Entry or _ Transferred from page ___ Prescription Number: N569 Prescription Date: March 3, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
3/3/yr	9am	Receiv	ved from	Pharmacy	, 30	Línda Whíte/Sam Dowd

Amount left _____ transferred to page _____ Signature _____ Signature _____

Name: David Cook Doctor: Dr. Black Pharmacy: Greenleaf Medication and Strength: Tramadol 25mg Directions: Take 2 tablets by mouth 3 times daily

X Original Entry or Transferred from page____ Prescription Number: N125 Prescription Date: March 3, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
3/3/yr	9am	Rece	ived fror	n Pharma	су 30	Línda Whíte/Sam Dowd

Amount left _____ transferred to page _____ Signature ______Signature ______

Count Signature Sheet

Date	Time	Count correct yes/no	Incoming Staff	Outgoing Staff
3/3/yr	3:10pm		Amanda Smíth	Sam Dowd