**NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD**
**NAVMED 6710/1 (Rev. 1-2002) (To be used with NAVMED 6710/4)**

WARD

**TO BE FILLED IN BY PHARMACY**

| ISSUED BY | DRUG (Name, strength (per tablet or per ML), DOSAGE | | |
|---|---|---|---|
| RECEIVED BY | DATE ISSUED | PRESCRIPTION SERIAL NO. | AMOUNT ISSUED |

| DATE | HOUR | PATIENT | ORDERED BY (Doctor's Name) | GIVEN BY (Signature) | AMOUNT EXPENDED | AMOUNT WASTED | DESTROYER'S SIGNATURE (If applicable) | WITNESS'S SIGNATURE (If applicable) | BALANCE ON HAND |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |