



Controlled Substance Count Sheet

MCAR 023-080-524: When a controlled substance is prescribed, the administration of the controlled substance shall be documented on an ACHP approved form separate from and in addition to the medication administration record.

Complete this form in addition to the Medication Administration Record for each controlled substance.

Resident Name:	Medication Name:
Date of Physician's Order:	Dosage:
Physician's name:	Administration Route:
	Rx Number:

Date	Time	Amount on Hand	Amount Received	Amount Given	Amount Remaining	Signature	Witness Signature