NARCOTIC AND CONTROLLED DRUG ACCOUNT RECORD
NAVMED 6710/1 (REV. 1-93)

(To be used with NAVMED 6710/4)

WARD

TO BE FILLED IN BY PHARMACY

ISSUED BY	DRUG *(Name, strength of tablets/cc., oral or hypodermic)*		
RECEIVED BY	DATE ISSUED	PRESCRIPTION SERIAL NO.	AMOUNT ISSUED

DATE	HOUR	PATIENT *(Last name and initial)*	ORDERED BY *(Doctor's Name)*	GIVEN BY *(Nurse's Signature)*	AMOUNT EXPENDED	BALANCE ON HAND

S/N 0105-LF-226-7101