Controlled Substances-**DISPENSING LOG**
Administrative Code 270-X-2-.12

DRUG NAME:_____

DRUG CONCENTRATION:_____

DATE	PATIENT NAME	METHOD	AMOUNT	WASTE AMOUNT	WASTE SIGNATURES (2 signatures required)
Ex. 01/01/2022	Ex. John Doe	Ex. In Clinic	Ex. 50mL	Ex. 20mL	Ex. Jane Smith/ Dr. John Jones
					/
					/
					/
					/
					/
					/
					/
					/
					/
					/
					/
					/
					/
					/
					/
					/
					/