INDIVIDUAL RESIDENT'S NARCOTICS RECORD

WHITE OAK PHARMACY, INC.
1233 Boiling Springs Road
Spartanburg, SC 29303

RESIDENT NAME/

MEDICATION:

NURSE'S SIGNATURE: DATE:

DISPOSITION OF UNUSED PORTION
OF CONTROLLED SUBSTANCE:

NURSE	DATE	TIME	AMT. GIVEN	AMT. LEFT	NURSE	DATE	TIME	AMT. GIVEN	AMT. LEFT