

**Countable Controlled Substance Book**

**Name of Agency:** Amercare

**Name of Service Site:** 45 Shade Street, Treetop MA 00000

**Book Number:** 1

**Section 1** Index

**Section 2** Count Sheets

**Section 3** Count Signature Sheets



Name: David Cook

Doctor: Dr. Black

Pharmacy: Greenleaf

Medication and Strength: Phenobarbital 32.4mg

Directions: Take 3 tablets by mouth once daily in evening

 Original Entry or Transferred from page \_\_\_\_

Prescription Number: N671

Prescription Date: Feb. 17, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
2/17/yr	9am	Received from Pharmacy			42	Linda White/Sam Dowd
2/17/yr	8pm	mouth	42	three	39	Jenna Sherman
2/18/yr	8pm	mouth	39	three	36	Jenna Sherman
2/19/yr	8pm	mouth	36	three	33	Amanda Smith
2/20/yr	8pm	mouth	33	three	30	Amanda Smith
2/21/yr	8pm	mouth	30	three	27	Amanda Smith
2/22/yr	8pm	mouth	27	three	24	Jenna Sherman
2/23/yr	8pm	mouth	24	three	21	Jenna Sherman
2/24/yr	8pm	mouth	21	three	18	Amanda Smith
2/25/yr	8pm	mouth	18	three	15	Amanda Smith
2/26/yr	8pm	mouth	15	three	12	Amanda Smith
2/27/yr	8pm	mouth	12	three	9	Jenna Sherman
2/28/yr	8pm	mouth	9	three	6	Jenna Sherman
3/1/yr	8pm	mouth	6	three	3	Amanda Smith
3/2/yr	8pm	mouth	3	three	0	Amanda Smith

Amount left 0 transferred to page 2Signature Amanda SmithSignature Jenna Sherman















