SAMPLE MEDICATION LOG

Drug Name	Strength			Drug Company			
Amount Rei	maining from	Previous Mo	onth	Month and Year			
Date	Quantity received	Expiration Date	Drug Detail Person Initials	Date Out	Patient's Name	Lot Number	Physician's Signature/Initial
TOTAL RECEIVED				TOTAL DISPENSED/EXPIRED			
Amount Rei	maining from	n Previous Mo	onth				
PLUS Total	Qty. rec'd dı	uring Month					
Subtotal							
LESS Total	Disp./Exp. D	uring Month					
Total end of	f Month Inve	ntory					