PATIENTS PRESCRIPTION LOG

San Luis Obispo County Behavioral Health

Patient Name:	Medical Record#:	Name of Medication :	Strength:

Date Ordered (If applicable)	Date Received	Lot/Vial#	RX# and Pharmacy	Form: Tabs/Caps/Liq/ Injectable	Total # of Tabs/Caps/ Vials Received	Expiration date	Date/Time Administered/ Supply retrieved by patient	Total # of Tabs/Caps/ Vials/ Administered/ Supply Retrieved by Patient	Total # of Tabs/Caps/ Vials Remaining	Prescriber	Licensed Medical Staff printed name and	Licensed Medical Staff Signature/ Initials	Patient Signature

REVISED OCT 2025