ATTACHMENT "A"

San Luis Obispo County Mental Health
Pharmaceutical Sample Medication Log

Medication:	Strength:	Expiration Date:

Date Received:	Quantity Received:	Form:	Lot/Vial Number:

Date mo/day/yr	Number of Tabs/Caps Received or Dispensed	Time Dispensed	Total Remaining	Name of Patient	Dispensing Physician/Nurse Practitioner Signature

- ✓ Log medication by Lot Number.
- ✓ As a medication is handed out to a patient, document date, to whom the medication is to be given, and sign.
- ✓ Keep a running tally of medication.
- ✓ Each sheet is to be used for a specific medication and strength.
- ✓ See Policy 7.03 Medication Procurement, Storage, Administration and Dispensing