Controlled Substance Log

atdove.org DoveLewis

Date	Patient Name / Client Name	Species	Amount Taken	Amount Remaining	Signature

Drug: _____ Strength: _____ Package Size: _____ Bottle #:_____

Expiration Date: _____ Lot #:_____ Mfg: _____

© 2017 DoveLewis. All Rights Reserved.