OC health CARE AGENCY

RECORD OF MEDICATION
RECEIPT/STORAGE, ADMINISTRATION & DISPOSAL (CONTROLLED SUBSTANCES)

COUNTY OF ORANGE, CALIFORNIA
MENTAL HEALTH AND RECOVERY SERVICES

CLINIC NAME & ADDRESS: _____

DO NOT LEAVE ANY ITEMS BLANK. EITHER CROSS OUT OR INDICATE N/A

RECEIPT						ADMINISTRATION (Also document in individual patient chart/EHR clinical record)				DISPOSAL (DESTROYED) / RETURN			
Date Ordered	Date Received / Expiration Date / Administer By Date	Medication Name, Amount and Quantity (Include Lot #)	Name of Dispensing Pharmacy or PAP (Drug Manufacturer)	Patient Name	Two Signatures REQUIRED (Medical Licensed Staff and Witness)	Date & Time	Dose Administered	Route of Administration	Signature & License of Medical Staff Administering Medication	Date	Medication Dose / Amount Destroyed or Returned	Type	Two Signatures REEQUIRED (Medical Licensed Staff and Witness)
	_____ Date Received _____ Expiration Date _____ Administer By Date				_____							☐ Destroyed ☐ Return to Pharmacy _____ Name	_____
	_____ Date Received _____ Expiration Date _____ Administer By Date				_____							☐ Destroyed ☐ Return to Pharmacy _____ Name	_____
	_____ Date Received _____ Expiration Date _____ Administer By Date				_____							☐ Destroyed ☐ Return to Pharmacy _____ Name	_____
	_____ Date Received _____ Expiration Date _____ Administer By Date				_____							☐ Destroyed ☐ Return to Pharmacy _____ Name	_____

***Keep medication log for 3 years from the last entry