

Countable Controlled Substance Book

***(Attention: To be Used for Certification
Testing Only)***

Name of Agency: Fable

Name of Service Site: 57 Shade Street, Treetop MA 00000

Book Number: 1

Section 1 Index

Section 2 Count Sheets

Section 3 Count Signature Sheets

Name: Evan Peters

Doctor: Dr. Black

Pharmacy: Greenleaf

Medication and Strength: Phenobarbital 32.4mg

Directions: Take 3 tablets by mouth once daily in evening

Original Entry or

Transferred from page ____

Prescription Number: N111

Prescription Date: May 3, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
5/3/yr	9am	Received from	Pharmacy			<i>Linda White / Amanda Smith</i>

Amount left ____ transferred to page ____
 Signature _____
 Signature _____

Name: Kim Jones

Doctor: Dr. Chen Lee

Pharmacy: Greenleaf

Medication and Strength: Clonazepam 1mg

Directions: Take 1 tablet by mouth twice daily at 8am and 4pm

X Original Entry or
_____ Transferred from page ____
Prescription Number: N222
Prescription Date: May 3, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
5/3/yr	9am	Received from	Pharmacy			<i>Linda White / Amanda Smith</i>

Amount left _____ transferred to page _____
Signature _____
Signature _____

Name: Kim Jones

Doctor: Dr. Chen Lee

Pharmacy: Greenleaf

Medication and Strength: Diazepam 0.5mg

Directions: Take 2 tablets by mouth once daily in evening

Original Entry or

Transferred from page ____

Prescription Number: N333

Prescription Date: May 3, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
5/3/yr	9am	Received from	Pharmacy			<i>Linda White/ Amanda Smith</i>

Amount left ____ transferred to page ____
Signature _____
Signature _____

Name: Kelly Adams
 Doctor: Dr. Jones
 Pharmacy: Greenleaf
 Medication and Strength: Lorazepam 0.5mg
 Directions: Take 2 tablets by mouth twice daily

Original Entry or
 Transferred from page____
 Prescription Number: N444
 Prescription Date: May 3, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
5/3/yr	9am	Received from	Pharmacy			Linda White / Amanda Smith

Amount left _____ transferred to page _____
 Signature _____
 Signature _____

Name: Kelly Adams

Doctor: Dr. Jones

Pharmacy: Greenleaf

Medication and Strength: Oxycodone ER 5mg

Directions: Take 1 tablet by mouth once daily at 4pm

Original Entry or

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Prescription Number: N555

Prescription Date: May 3, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
5/3/yr	9am	Received from Pharmacy				Linda White / Amanda Smith

Amount left _____ transferred to page _____

Signature _____

Signature _____

Name: Evan Peters

Doctor: Dr. Black

Pharmacy: Greenleaf

Medication and Strength: Hydrocodone ER 10mg

Directions: Take 2 tablets by mouth twice daily at 8am and 4pm

Original Entry or

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Prescription Number: N666

Prescription Date: May 3, yr

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
5/3/yr	9am	Received from Pharmacy				Linda White / Amanda Smith

Amount left _____ transferred to page _____
 Signature _____
 Signature _____

