## **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** 

## Index

Name	e Medication and Strength		Page N	Number	Person responsible for removing medication from count
Evan Peters	Phenobarbital 32.4mg	1			
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Name: Evan Peters	X Original Entry or
Doctor: Dr. Black	Transferred from page
Pharmacy: Greenleaf	Prescription Number: N111
Medication and Strength: Phenobarbital 32.4mg	Prescription Date: May 3, yr

Directions: Take 3 tablets by mouth once daily in evening

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

Amount left	transferred to page	
Signature		
Signature		

Name: Kim Jones

Doctor: Dr. Chen Lee

Pharmacy: Greenleaf

Medication and Strength: Clonazepam 1mg

X Original Entry or

Transferred from page

Prescription Number: N222

Prescription Date: May 3, yr

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

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

Amount left	_ transferred to page .	
Signature		
Signature		

Name: Kim Jones

Doctor: Dr. Chen Lee

Pharmacy: Greenleaf

Medication and Strength: Diazepam 0.5mg

X Original Entry or

\_\_\_\_\_Transferred from page\_\_\_\_

Prescription Number: N333

Prescription Date: May 3, yr

Directions: Take 2 tablets by mouth once daily in evening

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

Amount left	transferred to page _	
Signature		
Signature		

Name: Kelly Adams

Doctor: Dr. Jones

Pharmacy: Greenleaf

Medication and Strength: Lorazepam 0.5mg

X Original Entry or

Transferred from page

Prescription Number: N444

Prescription Date: May 3, yr

Directions: Take 2 tablets by mouth twice daily

Date	Time	Route	Amount on Hand	Amount Used	Amount Left	Signature
5/3/yr	9am	Recei	ved from	Pharmac	/	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

X Original Entry or

Transferred from page \_\_\_

Prescription Number: N555

Prescription Date: May 3, yr

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

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

Amount left	_ transferred to page <sub>.</sub>	
Signature		
Signature		

Name: Evan Peters	X Original Entry or
Doctor: Dr. Black	Transferred from page
Pharmacy: Greenleaf	Prescription Number: N666
Medication and Strength: Hydrocodone ER 10mg	Prescription Date: May 3, yr

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

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	. 6 -	
Signature		

## **Count Signature Sheet**

Date	Time	Count correct yes/no	Incoming Staff	Outgoing Staff	
5/3/yr	3:10pm	yes	Sam Dowd	Amanda Smíth	