Name:
Address:

CHI No:

Attach sticky label here

NHS Lanarkshire

Medication Stock Recording Sheet

Controlled Drug: _____

Strength: _____ **Formulation:** _____

Date	Time 24hr Clock	Quantity in Stock	Quantity Received	Quantity Used	Quantity Discarded	Quantity Left	Signature

Date	Time 24hr Clock	Quantity in Stock	Quantity Received	Quantity Used	Quantity Discarded	Quantity Left	Signature