## **Individual Narcotic Sheet**

Client Name	
Medication	
Staff Signature /Initials:	

Date	Time	Amount on hand	Amount given	Amount remaining	Signature	Narcotic Count Verification - INCOMING Signature	Narcotic Count Verification - OUTGOING Signature

## **Individual Narcotic Sheet**

Client Name	
Medication	
Staff Signature/Initials:	

Date	Time	Amount on hand	Amount given	Amount remaining	Signature	Narcotic Count Verification - INCOMING Signature	Narcotic Count Verification - OUTGOING Signature
1							
1							