Sample Medication Log

RECEIVED

Medication	*Pharmaceutical Co. / Manufacturer*	*Dose / Strength*	*Lot #*	*Exp. Date*	*Quantity Received*	*Date Received*	*Initials*

DISPENSED

Patient's Name	*Dispensing Practitioner's Name*	*Quantity Dispensed*	*Date Dispensed*	*Initials*