

## Sample Medication Log

Medication Name:		Date Received:				
Strength:		Form: Tablet/Capsule/Liquid/Injectable/ Topical/Suppository				
Lot #:	Manufacturer:	Expiration Date:				
Vendor:						
Number of packages received initially:						
Signature/Credentials of Person Receiving Initial Medication Samples:						

Date	Patient Identifier or MR#	Prescribing Physician	Number of packages dispensed	Number of packages remaining	Number of packages received	Signature/Credentials of Person Providing Medication to Patient

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Updated 1/2025

Applicable to the following Accreditation Programs: (X) Hospital (X) Critical Access Hospital (X) Behavioral Health (X) Ambulatory Care (X) Office Based Surgery () Disease Specific Certification () Staffing Certification

Regulatory Information may change over time as healthcare expectations change. This document is current as of the date noted within this footer



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NOTE: Each medication strength and lot # must have its own sample log sheet.

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