

## Sample Medication Log

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

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

## Sample Medication Log


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