Drug Inventory Log Sheet

Date	Initials	Drug Name/generic and brand + strength(dosage)	Manufacturer / Supplier/ Address(if new)	Lot #	Lab Invtry #	Sch.	Date Recvd. & Init.	Amt. Recvd. w/unit	Date opened & Init.	Amt. Avail. w/unit	Transact #	Initials

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