Partners in Recovery

Instructions: File completed form in consumer's chart at discharge.

Consumer Name:				**DISPOSITION OF REMAINING DOSES**				
Behavioral Health Medical Practitioner Name:				☐ **Doses Disposed:**				
Name and Dose of Medication:				Method:		Quantity:		Date:
Prescription Directions:								
				☐ **Doses Discharged with consumer:**				
				Quantity:			Date:	
Received By:		Date Received:						
Witnessed by:		Amount Received:		Staff Name, Signature, Credentials, Title Circle one: FED FEN BED BEN				

MONITORED BY: (Print Full Name, Credentials)	**Date**	**Time**	**Amount Given**	**Amount Remaining**
INITIAL COUNT				

CONTROLLED SUBSTANCE RECORD