

NARCOTIC RECORD
CERTIFICATE OF DISPOSITION

HOSPITAL PHARMACY
 University of Illinois at Chicago

Serial No. ~~XXXXXXXXXX~~

Drug Ketamine (4 bottles)
100mg/ml

Floor Stock For _____

Date 1/1/09

Pharmacist Dispensing _____

Patient Specified For N/A

Rm # _____

Nurse Receiving _____

Date	Time	Patient's Name	Nurse	Amt. Used (MG)	Documentation of Discarded Doses		
					AMT (MG)	Reason	Witness
<u>1/1/09</u>	<u>10AM</u>	<u>_____</u>	<u>_____</u>	<u>40ml</u>			
<u>1/3/09</u>	<u>3PM</u>	<u>3 rabbits</u>	<u>MBB</u>	<u>39ml</u>			
<u>1/6/09</u>	<u>1PM</u>	<u>2 rabbits</u>	<u>MBB</u>	<u>35ml</u>			

EXAMPLE