



SAMPLE FORM
CONTROLLED DRUG AUDIT TRACKING

DRUG NAME AND STRENGTH	DATE: AUDITOR:	DATE: AUDITOR:	DATE: AUDITOR:	DATE: AUDITOR:
	Bottle/Box #(s): Total Amount:	Bottle/Box #(s): Total Amount:	Bottle/Box #(s): Total Amount:	Bottle/Box #(s): Total Amount:
Designated Registrant Initials				