

Doncaster Physical Health Medication Record

**ONE LINE MUST BE USED PER ENTRY
 NEW STOCK MUST BE ENTERED ON A NEW LINE**

Drug Name		Strength	
Patient Name		GP	
Address			
NHS Number			

Date	Time	Receipt / Administration / Destruction	Amount of stock received	Batch No	Expiry Date	Dose Given	Any wastage?	Number of vials used	Remaining Balance	Nurse Signature	2 nd Witness Signature (if available)

Date	Time	Receipt / Administration / Destruction	Amount of stock received	Batch No	Expiry Date	Dose Given	Any wastage?	Number of vials used	Remaining Balance	Nurse Signature	2 nd Witness Signature (if available)