Dovient

One page per drug and strength; one line per dose, receipt or waste

Controlled substance dispensing log

Veterinary controlled substance log

Site _____ Asset or area _____ Month _____ Page _____

Date	Patient and client name	Client address	Quantity received	Quantity used or wasted	Running balance	Witness (for waste)	Initials

Signature: _____ Keep this log on a phone with Dovient Lite: dovient.com/lite