

**CONTROLLED MEDICATION COUNT**

**All controlled medications must be counted each shift, or as described in **

**Rule 65G-7.007, F.A.C.**

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| **Medication:** | | | | **Dosage:** | | **Route:** | | |
| **Individual's Name:** | | | | **Start Date:** | | **Verify Number  Received:** | | |
| **Rx#** | | **Enter Scheduled Medication Time:** | | **or PRN:** | | **Received by (initials): /** | | |
| **DATE** | **TIME** | **FULL NAME OF PERSON ADMINISTERING** | **NUMBER ON HAND** | **NUMBER GIVEN TO CLIENT** | **NUMBER REMAINING** | **NUMBER REMAINING VERIFIED BY: (INITIAL at end of shift))** | | |
| **STAFF ON** | **STAFF OFF** | **DATE/TIME** |
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| ***Please print name, sign, and initial below to identify initials used above.*** | | | | | | | | |
| **Name (print) / Signature** | | | **Initials** |  | | | | **Initials** |
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