CONTROLLED MEDICATION COUNT
All controlled medications must be counted each shift, or as described in Rule 65G-7.007, F.A.C.

| 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

Please print name, sign, and initial below to identify initials used above.

Name (print) / Signature	Initials		Initials