DAILY RECORD OF MEDICATION STORAGE
(CONTROLLED)

COUNTY OF ORANGE, CALIFORNIA
MENTAL HEALTH AND RECOVERY SERVICES

CLINIC NAME & ADDRESS: _____

DO NOT LEAVE ANY ITEMS BLANK. EITHER CROSS OUT OR INDICATE N/A

Date & Time	Medication Name	Amount (Strength)	Quantity Listed as Received	Quantity Confirmed in Storage	Signature (Medical Licensed Staff)

Keep medication log for 3 years from the last entry