



DAILY RECORD OF MEDICATION STORAGE (CONTROLLED)

HEALTH CARE AGENCY
BEHAVIORAL HEALTH SERVICES
COUNTY OF ORANGE, CALIFORNIA

CLINIC NAME & ADDRESS: _____

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

Table with 6 columns: Date & Time, Medication Name, Amount (Strength), Quantity Listed as Received, Quantity Confirmed in Storage, Signature (Medical Licensed Staff). The table contains 15 empty rows for data entry.