

Narcotic and Controlled Drugs Chain of Signatures Form

(Does not apply to methadone and buprenorphine/naloxone carries)

<p>I, _____, hereby give consent to _____ <small>(Print full name)</small> <small>(Name of facility)</small> to store and administer my own supply of _____ <small>(Medication name, strength, dosage form)</small> while I am admitted as an inpatient/resident.</p>
<p>Number of doses given to facility staff: _____</p> <p>Patient signature: _____ Date: _____</p> <p>Nurse signature: _____ Date: _____</p>
<p>Number of doses dispensed by facility: _____</p> <p>Dates provided (if greater than 1 week, may specify date range): _____</p>
<p>Number of doses returned to patient (indicate if quantity is zero): _____</p> <p>Patient Signature: _____ Date: _____</p> <p>Nurse Signature: _____ Date: _____</p>
<p>Complete below if medications sent to Pharmacy. Pharmacy will store the medication for 30 days post discharge. If not claimed by the patient within 30 days, the medication will be destroyed as per the Controlled Drugs and Substances Act.</p>
<p>Number of doses received by Pharmacy: _____</p> <p>Pharmacy Signature: _____ Date: _____</p> <p>Witness Signature: _____ Date: _____</p>
<p>Number of doses returned to patient (if requested within 30 days): _____</p> <p>Patient Signature: _____ Date: _____</p> <p>Pharmacy Signature: _____ Date: _____</p>
<p>Number of doses destroyed by Pharmacy: _____</p> <p>Pharmacy Signature: _____ Date: _____</p> <p>Witness Signature: _____ Date: _____</p>