

Primary Care Trust

SHEET NO.



SYRINGE DRIVER AND AS REQUIRED MEDICATION RECORD

CONTROLLED DRUG STOCK BALANCE CHART

DRUG:	AMPOULE SIZE (IN MILLIGRAMS):
Patient's DOB:	Named Community Nurse:
Patient's Name:	General Practitioner:

Date	Time	Current Stock/Stock added	Number of Ampoules used	Dose given	Amount Discarded	Stock Balance	Signature	Print Name