CONTROLLED SUBSTANCES RECORD

For use of this form, see AR 40-3; the proponent agency is OTSG.

This form is to be used in conjunction with DA Form 3949-1

WARD/CLINIC	DATE INITIATED *(YYYYMMDD)*

MONTH/YEAR	ITEM *(Generic Nomenclature; may add trade name for additional clarity)*	ACCOUNTABLE UNIT	FORM INITIATED *(Sign and Print Name)*	BALANCE FORWARDED *(From the previous sheet)*

DAY	HOUR	PATIENT NAME *(Last Name, First Name)*	ORDERED BY *(Dr.'s Last Name)*	ADMINISTERED BY *(Sign on top line; Print name on bottom line)*	WITNESS TO ANY WASTE *(Sign on top line; Print name on bottom line)*	ACTUAL DOSE ADMINISTERED TO PATIENT	AMOUNT OF MEDICATION WASTED	EXPENDITURES *(Accountable units used)*	RECEIPTS *(Amount from pharmacy)*	BALANCE *(Accountable Units Remaining)*