



Drug Accountability Record (for Stock Buprenorphine Supplies)

Medication: Physician Name:	Dose Form and Strength: 2/0.5 mg 8/2 mg Dispensing Area: Note: An inventory must be performed at the beginning and end of each day which can be performed by MD, nurse or pharmacist
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Line No.	Date	Patient Name	Patient's ID No.	Dose	Quantity Dispensed or Received	Balance Forward Balance	Manufacturer And Lot No.	Recorder's Signature (2 required if an inventory is performed)
1								
2								
3								
4								
5								
6								
7								
8								
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11								
12								
13								
14								
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17								
18								