

EP 4.2A Appendix						
	Depa	artment:	1: 1 01			
		Sample Medi	cation Log St	neet		
NAME:		STRENGTH/PACKAGING:				
_OCATION:_			REP. CON	TACT:		
DATE	PATIENT NAME & MRN /REP NAME	LOT	EXP DATE	AMOUNT	BALANCE	STAFF