

EP 4.2 Form A

Texas Tech University Health Science Center

Department: \_\_\_\_\_

Sample Medication Log Sheet

NAME: \_\_\_\_\_

STRENGTH/PACKAGING: \_\_\_\_\_

LOCATION: \_\_\_\_\_

REP CONTACT: \_\_\_\_\_

DATE	PATIENT NAME & MRN /REP NAME	LOT	EXP DATE	AMOUNT	BALANCE	STAFF

Reviewed:

Revised: