City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

Drug Name:_____

Strength:_____**Form**:_____

Rx#:_____ Lot#:_____ Exp.:_____

Physician's Supply Medication Log

Medication Source (Pharmacy):_____   **Prescribing Physician:**_____

Date	Client	Qty. Dispensed	Qty. Remaining	Authorized Staff (Signature)
Quantity Supplied ➔				

Floor stock medication dispensing log must be retained for **three years**.

Attachment 6