Controlled Substance Dispensing Record

DEA Registrant Name	DEA Registrant #	Controlled Substance	Schedule
Lot #	**Finished Form & Number of Units**	**Acquired From (Name, Address, DEA#)**	**Date Acquired**

Dispensed/Transferred to: Name and Address, DEA# if Transfer	Date Dispensed	Amount Dispensed Units/Volume	Recipient Initials

Instructions: Complete one form for each substance in inventory. Maintain in Registrant records. Document must be retained for two years from the last date of activity.