

## EMS CONTROLLED DRUG USAGE SHEET

## (MUST be filled out for ALL controlled substance usage)

Date:		Time:		EMS Agency/Unit:		
Patient Name:						
Name of Drug A	Administered:					
Ordered by:	Protocol	Physician (if physician, list name:				
Quantity Administered:			Quantity Wasted:			
Paramedic / Int	ermediate Admin	istering Drug (pleas	se print):			
Paramedic / Int	ermediate Admin	istering Drug (signa	ature):			
Witness of Drug	g Disposal (please	print):				
Witness of Drug	g Disposal (signatı	ıre):				
			(EMT /	A-EMT / RN / MD / DO / RPh)		



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Quantity Administered:			Quantity Wasted:				
Paramedic / Inte	ermediate Admir	istering Drug (p	lease print):				
Paramedic / Inte	ermediate Admir	istering Drug (s	ignature):				
Witness of Drug	g Disposal (please	print):					
Witness of Drug	g Disposal (signat	ure):					
			(EMT / A-EMT / RN / MD / DO / RPh)				

(EMIT / A-EMIT / RN / MD / DO / RPN)