

**CONTROLLED MEDICATION COUNT**

**All controlled medications must be counted each shift, or as described in **

**Rule 65G-7.007, F.A.C.**

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| **Medication:**  | **Dosage:**  | **Route:**  |
| **Individual's Name:**  | **Start Date:**  | **Verify Number Received:** |
| **Rx#**  |  **Enter ScheduledMedication Time:**  | **or PRN:**  | **Received by (initials): /** |
| **DATE** | **TIME** | **FULL NAME OF PERSON ADMINISTERING** | **NUMBER ON HAND** | **NUMBER GIVEN TO CLIENT** | **NUMBER REMAINING** | **NUMBER REMAINING VERIFIED BY:(INITIAL at end of shift))** |
| **STAFF ON** | **STAFF OFF** | **DATE/TIME** |
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| ***Please print name, sign, and initial below to identify initials used above.*** |
| **Name (print) / Signature** | **Initials** |  | **Initials** |
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