Controlled Drug Name: **Form & Strength:**

GDPR COMPLIANT

Obtained				Administered						
Date obtained	Name & address of person / supplier obtained from	Quantity obtained	Current balance in stock	Date administered	Name of patient / Healthcare professional's name & address if collecting	Identity proven (if required)	Amount Supplied	Given / Disposed by	Witnessed by	Balance left in stock
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	
	NAME & ADDRESS				NAME & ADDRESS	Yes ❑ No ❑		SIGN HERE	SIGN HERE	

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						Yes ❑ No ❑				
						Yes ❑ No ❑				
						Yes ❑ No ❑				
						Yes ❑ No ❑				
						Yes ❑ No ❑				
						Yes ❑ No ❑				
						Yes ❑ No ❑				
						Yes ❑ No ❑				
						Yes ❑ No ❑				