

Name of Health Institution

Address: P. O. Box Tel

Name and Strength of Narcotic drug

Serial/Page Number

Date	Name of patient	Sex and Age	Diagnosis	Prescribed by	Dose	Prescription Serial No	Quantity dispensed	Given/Dispensed / Administered by	Checked/ Witnessed by	Balance	Name & Signature of in charge

Note: The Prescriptions issued shall be kept whenever used.