



NARCOTIC DRUGS LEDGER BOOK
Record of used Narcotic drugs in a facility

Name of Health Institution

Address: P. O. Box

Tel

Name and Strength of Narcotic drug

Serial/Page Number

Date	Received from	Quantity received	GRN	Issued to	Quantity issued	Requisition No.	Remaining Balance	Name & Signature of Receiving Officer	Remarks

ORIGINAL COPY

AUTHORISED COPY
No: 21

Effective date: 01/04/2022