

PHARMACY EXCHANGE FORM

INCIDENT #:		DATE:		
UNIT#	Patient N DOB:	Name:		
	Pla	ce Pt. sti	cker here if availa	able
Circle One:	Transported to	ED	Pt. <u>not</u> trans	ported
Medic	ation Administe	ered	Do	se/Route
1.				
2.				
3.				
4.				
If additional space	is needed, use revers	se side of	this form.	
OLD IV BOX	NEW XES		OLD DRUG I	NEW BOXES
WASTED NARCOTIC		AMOUNT WASTED		
WITNESS SIGNATURE		PRINTED NAME		DATE
ATTENDANT-IN SIGNATURE	-CHARGE	PRINTED NAME		DATE
PHYSICIAN SIGN	NATURE			DATE

VA BEACH SERVICES

PHARMACY EXCHANGE FORM

INCIDENT #:		DATE:			
UNIT#	Patient Na DOB:				
	Place	Pt. sticker	here if avail	able	
<u>Circle One</u> :	Transported to I	t. <u>not</u> trans	<u>ıot</u> transported		
Medication Administered			Dose/Route		
1.					
2.					
3.					
4.					
If additional space	e is needed, use reverse	side of this fo	orm.		
OLD NEW IV BOXES		_	OLD NEW DRUG BOXES		
WASTED NARCO	OTIC	AMOUNT WASTED			
WITNESS SIGNATURE		PRINTED NAME		DATE	
ATTENDANT-IN SIGNATURE	I-CHARGE	PRINTED NAME		DATE	
PHYSICIAN SIGI	NATURE			DATE	