Record of Medications from Other Pharmacies for Unit Dosing

Patient Information	**Pharmacy Information**
Name _____	Name _____
Address _____	Address _____
_____	_____
Contact Person/Phone #	Contact Person/Phone #

Date Received	Name of Drug	Strength	Quantity	Manufacturer	NDC #	Mfr Lot # & Exp Date	Quantity Packaged into U/D	Delivered to	Quantity Delivered/ Balance	Date Delivered

MEDICATIONS RE-PACKAGED MAY NOT BE RETURNED TO THE PHARMACY