Medication Prepackaging Record for Unit Dosing by XXX Pharmacy

Date Packaged	Name of Drug	Strength	Manufacturer	NDC #	Mfr Lot #	Mfr Exp Date	Quantity Packaged into U/D	Repackager/ Technician	Pharmacist Check	Pharmacis t Check Date
1 ackaged	realite of Brug	Otterigui	Mandiacturer	NDO #	WIII LOC#	WIII EXP Date	0/0	Technician	Officer	Date