



# MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

*For Every Patient. For Every Provider. For Every Mississippian.*

## ADMINISTRATION/DISPENSATION LOG AND PERPETUAL INVENTORY – *SAMPLE*

**Demerol 50mg/ml Inj. (1ml)**

*Drug Name and Strength (One drug per page)*

Physician Name: Dr. Doolittle

Patient Name or Drug Company and Invoice Number	Patient Address	Date Dispensed/ Order Rec.	Amount Admin./ Dispensed	Amount Ordered & Received	Total On Hand	Comments/method of Disp. IV / IM / PO	Initials
XYZ Drug Company	Invoice #00001	12/1/00	N/A	5	5	Initial Inventory of Stock on hand BOB or COB (Beginning of Business or Close of Business)	CM
John Doe	112 Shady Lane, Jackson MS	02/05/01	50mg	N/A	4	IM	CM
Jane Roe	43 Easy Street, Jackson MS	03/07/01	50mg	N/A	3	IM	CM
Mo Joe	1004 Foraker Ave., Pearl MS	05/09/01	50mg	N/A	2	IM	JW

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*This is a completed sample showing how to keep the log. Use Appendix D (blank) for actual recordkeeping.*

# SAMPLE

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ADMINISTRATIVE CODE FORM