MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

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

ADMINISTRATION/DISPENSATION LOG AND PERPETUAL INVENTORY

Drug Name and Strength (One drug per page): _____

Physician Name: _____

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
						Initial Inventory of Stock on hand	

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