**CONSUMPTION RECORD FOR THE ALLOCATION OF THE DRUG(S) CONTAINING CONTROLLED SUBSTANCES TO BE SUBMITTED ALONG WITH THE QUOTA APPLICATION BY THE HOSPITAL LOCATED IN ICT, ISLAMABAD.**

1. Name of the Registered Product ….……. .…………………….

2. Name of Controlled Substance(s)………………………………

3. Quantity Allocated (Year)……………………

4. Balance Quantity from Pervious Allocation ………….. ………

5. Total Quantity ………………………….Ampoules/oral unit dose

6. Name of the Manufacturer/Supplier………………………….. …

7. Invoice #....................................dated………………………..

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sr.#** | **Name of Registered product containing Controlled substances** | **Patient Name** | **Patient ID/ Registration No.** | **Department** | **Diagnosis** | **Prescribed by** | **Date of Dispensing** | **Quantity dispensed** | **Dispensed by (name with designation)** | **Administered by (name with designation)** |
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| --- | --- | --- | --- |
| 1 | Strength & Pack size of the Finished Product**\*** |  | |
| 2 | Batch No |  | |
| 3 | Expiry date |  | |
| 4 | Total units consumed |  | |
| 5 | Total Quantity of medicine expired/rejected/damaged/Broken (If Any) |  | |
| 6 | Total Quantity of medicine in balance |  | |
| 7 | Summary of specialty wise issuance of narcotic medicine(s) | Department Name | Quantity Issued |
|  | |  |  |

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| --- | --- | --- |
| **Name, Seal & Signature**  CEO/MD/MS of Hospital/Institute |  | **Name, Seal & Signature**  Head of Pharmacy Department |

\*Add row(s) if required.