

Name of Person Completing Form		Title			Office Use Only	
Signature					LOG NUMBER _____	
Controlled Substance License #		<small>Note: If the facility/program or individual is not subject to Article 33 controlled substance licensure, the applicable DEA registration number should be entered.</small>				
Name of Controlled Substance	Strength/ Dosage Form	Quantity or Liquid Amount	Reason for Disposal/ Destruction	Source of Controlled Substance	Rx Number (Class 3A license holders only)	
Example: Lorazepam	0.5 mg Tablet	40	Discontinued	Smith Pharmacy	1234567	
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