**Schedule II Inventory Log**

Drug Name & Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NDC Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PURCHASES** | **PRESCRIPTIONS DISPENSED** | **Starting Inventory or Balance Forward** | **Pharmacist’s Signature** |
| **Date Received** | **Invoice #** | **Qty.** | **Date Filled** | **Rx #** | **Qty.**  | **Current Inventory** |  |
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