

**Administration and Inventory Sheet  
(Daily Running Record)**

Resident Name \_\_\_\_\_ DOB \_\_\_\_\_

Prescribing Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies \_\_\_\_\_

Name of Medication \_\_\_\_\_

Serial Number of Prescription\* \_\_\_\_\_

Name of Pharmacy \_\_\_\_\_

Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

DATE	TIME	DOSAGE	RUNNING TOTAL*	RESIDENT SIGNATURE	STAFF SIGNATURE

\* Required for controlled substances