

Final Antibiotic Inventory Control Form

Disease: _____ **Date:** _____

Dispenser Name: _____

Organization: _____

Address: _____ **Phone Number:** _____

E-mail: _____

The Inventory tracker should complete this form when dispensing is completed and before returning any unused medications to the health department. If necessary, the inventory tracker may have to use more than one form to track medications.

Time	Drug: (check one)		Lot Number (Do not include more than one lot number on a line)	Number of Courses (unit-of-use bottles) Received	Number of Courses Dispensed	Quantity Remaining (Boxes)	Number of Courses (unit-of-use bottles) Remaining
	Doxy (100 mg)	Cipro (500 mg)					

Signature of Person Taking Inventory: _____

Signature of Closed POD Coordinator: _____