**CONTROLLED DRUG REGISTER SHEET**

Name of Drug:

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| DATE | RECIEVED | | | SUPPLIED | | | | | Running Balance |
| Name/ Address of person/firm received | Invoice No. | quantity | Name/ Address of person/ firm supplied | Detail s of Supplier | Person collecting controlled drug  If HCP ,name and address | Name and Identification No. of  Prescriber/ Wholesale | quantity |
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