Pharmacy Name: ____________________________________________

Date: ________________ to ________________
<table>
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<tr>
<th>Date</th>
<th>Product (Name, Potency, Manufacturer, Lot #, Expiration Date)</th>
<th>Quantity</th>
<th>Inventory Performed By</th>
<th>Amount of Product Destroyed (if applicable)</th>
<th>Destruction Performed By (if applicable)</th>
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Signature: ____________________________  Date: ____________________________  PAGE ___ OF ___

Pharmacist-In-Charge  www.totalpharmacysupply.com  | (800) 878-2822  | (817) 861-4416  TOTAL PHARMACY SUPPLY
Total Pharmacy Supply is a One-Stop Shop for all your needs! Check out our other product lines:

[Image with icons for Prescription Packaging, Compounding Supplies, Equipment, Long Term Care, Store Supplies, APIs]

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  - Consumables
  - Prescription Packaging
  - Equipment / Devices
  - Chemical / Ingredient / Base Selection / Inventory Control

- Workflow / Equipment Layout
  - Supplies / Tools
  - Equipment / Devices
  - Prescription Packaging
  - Data Entry

- Training
  - Equipment / Device Usage
  - Software Setup & Usage
  - Prescription Packaging
  - Compounding Techniques
  - Logs
  - SOP’s
  - Compliance Guidance
  - Billing Procedures
  - Resources

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- Compounding Daily Log
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**Pharmacy:**
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- Prescription Record Register
- Pseudophedrine Sales Log
- Exempt Narcotic Register
- Exempt Narcotic & Poison Record Book

**Controlled Substances:**
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