



SAN MATEO COUNTY HEALTH
**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Controlled Substances/Emergency Supply Record

Site: _____ **Date:** _____

Medication _____ **Strength** _____ **Lot #** _____

Received by _____ **Amount** _____ **Expiration Date** _____

Amount Used	Amount Remaining	Date	Client or Other Disposition	Signature