

**Controlled Substance Inventory Form**

Name and title of person responsible for completing form	Telephone Number (       )
D.E.A. Registration number or Article 33 License number	<b>BUREAU USE ONLY</b>
Signature	BNE Log No. _____

Name and mailing address of the practitioner or institution

Item #	Drug Name	Strength	Quantity/ Liquid Amt.	Reason for Destruction	Source of Drugs	Rx Numbers (3A Facilities)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						