

**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.						
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11.						
12.						
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16.						
17.						
18.						
19.						
20.						
21.						