

METHADONE PART-FILL ACCOUNTABILITY LOG

Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			



Patient Name: _____

Date Dispensed	Prescription or Transaction Number	Quantity			Delivery Address if Applicable	Pharmacist's Initials	Patient's Signature
		Witnessed	Take Home	Total			