Ardmore Enterprises, Inc.

SCHEDULE II CONTROL SHEET

CONSUMER NAME: _____

Tab	Medication Name	Count One	Date	Time	Amount Given	Count Two	Signature

INSTRUCTIONS:
Complete each time a controlled medication is administered. Maintain this page with the MAR.

Under count one, please indicate the amount of medication (E.G. number of pills) in the container before administering the dose.

Under count two, indicate the amount of medication remaining after the dose is administered.

CALL NURSE AND PROGRAM COORDINATOR IMMEDIATELY IF THERE ARE ANY DISCREPANCIES IN THE COUNT.