

| AUSTIN COUNTY EMS Controlled Substance Usage/ Disposal Form Dr. Benjamin Oei, M.D - Medical | | Medic # _____ Shop # _____ | | | | | | | | | | | | | | | | | | |
|---|------|---|--------|------|--------------|----------|------|--------------|----------|------|--------------|---------|------|--------------|--------|------|--------------|----------|------|--------------|
| Hospital Sticker: Director If no sticker is placed you must fill out Pt. info below If sticker is placed here you do not have to fill out Pt's info below | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Ativan</td><td>Dot#</td><td>Total Usage:</td></tr> <tr><td>Ketamine</td><td>Dot#</td><td>Total Usage:</td></tr> <tr><td>Morphine</td><td>Dot#</td><td>Total Usage:</td></tr> <tr><td>Toradol</td><td>Dot#</td><td>Total Usage:</td></tr> <tr><td>Versed</td><td>Dot#</td><td>Total Usage:</td></tr> <tr><td>Fentanyl</td><td>Dot#</td><td>Total Usage:</td></tr> </table> | Ativan | Dot# | Total Usage: | Ketamine | Dot# | Total Usage: | Morphine | Dot# | Total Usage: | Toradol | Dot# | Total Usage: | Versed | Dot# | Total Usage: | Fentanyl | Dot# | Total Usage: |
| Ativan | Dot# | Total Usage: | | | | | | | | | | | | | | | | | | |
| Ketamine | Dot# | Total Usage: | | | | | | | | | | | | | | | | | | |
| Morphine | Dot# | Total Usage: | | | | | | | | | | | | | | | | | | |
| Toradol | Dot# | Total Usage: | | | | | | | | | | | | | | | | | | |
| Versed | Dot# | Total Usage: | | | | | | | | | | | | | | | | | | |
| Fentanyl | Dot# | Total Usage: | | | | | | | | | | | | | | | | | | |
| Date: ___/___/___ Incident#: ___ - ___/___/___ | | | | | | | | | | | | | | | | | | | | |
| Comments: _____ Amount Wasted _____ Indications: _____ Patient Response: Improved / Worse / Unchanged Patient Name: _____ D.O.B ___/___/___ Patient Address: _____ City: _____ State: _____ Zip: _____ Call Location: _____ Receiving Facility: _____ Standing Order: YES / NO - (If No) Physician Name _____ Hospital _____ Paramedic: (Print) _____ Signature: _____ Witness of Disposal: (Print) _____ Signature: _____ | | | | | | | | | | | | | | | | | | | | |
| *****OFFICE USE ONLY***** | | | | | | | | | | | | | | | | | | | | |
| Replacement Dot# _____ Medication _____ Date: ___/___/___ Received by: (Print) _____ Signature: _____ | | | | | | | | | | | | | | | | | | | | |

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