AUSTIN COUNTY EMS Controlled Substance Usage/ Disposal Form Dr. Benjamin Oei, M.D - Medical			Medic # Shop #			
Hospital Sticker:	Director	Ativan	Dot#	Total Usage:		
·		Ketamine	Dot#	Total Usage:		
If no sticker is placed y below	Morphine	Dot#	Total Usage:			
If sticker is placed here	you do not have to fill	Toradol	Dot#	Total Usage:		
out Pt's info below		Versed	Dot#	Total Usage:		
Date://	Incident#:	_ Fentanyl	Dot#	Total Usage:		
Indications: Patient Name: Address: Location: Order: YES / NO - (If No) (Print)	City: Receiv Physician Name Signature: Signature:	Response: Impr D.C State: ving Facility: Hospital	oved / W D.B / Zip	orse / Unchanged / Patient o: Call Standing Paramedic: Witness of		
******OFFICE USE ONLY******						
	Medication Sign			Date: / /		

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out Pt's info below	A	Versed	Dot#	Total Usage:			
Date://	Incident#:	Fentanyl	Dot#	Total Usage:			
Comments: Amount Wasted							
Indications:	Patien	t Response: Impr	oved /	Worse / Unchanged			
Patient Name:		D.C	).B	// Patient			
Address:	City:	State:		<b>Zip:</b> Call			
Location:	Rece	eiving Facility:		Standing			
Order: YES / NO - (If No) F	hysician Name	Hospital_		Paramedic:			
(Print)	Signature:	EDICAL SE		Witness of			
Disposal: (Print)	Signature:	EDIO					
******OFFICE USE ONLY*****							
Replacement Dot# Received by: (Print)	MedicationSig	gnature:		Date: / /			