EMS CONTROLLED SUBSTANCE USAGE FORM

Patient's Name**:** _____ Bag #: _____

DRUG	DOSE GIVEN	AMOUNT WASTED	DATE ADMIN	WITNESS SIGNATURE
Diazepam 10 mg Inj				
Diazepam 10 mg Inj				
Fentanyl 100 ug				
Fentanyl 100 ug				
Midazolam 5 mg/5ml Inj				
Midazolam 5 mg/5ml Inj				
Midazolam 5 mg/5ml Inj				
Midazolam 5 mg/5ml Inj				
Midazolam 10mg/2ml				
Midazolam 10mg/2ml				
Morphine 10 mg Inj				
Morphine 10 mg Inj				

BAG PROVIDED BY: _____, _____RPh, _____Date

Returned by: _____
EMS REPRESENTATIVE

Return Received and Verified by: _____, RPh/RN
HOSPITAL STAFF

TO BE COMPLETE, THERE MUST BE A COPY OF THE PATIENT CARE REPORT SHEET, SIGNED BY A PHYSICIAN, OR A PHYSICIAN'S ASSISTANT, OR A NURSE PRACTITIONER, AND ATTACHED WITH THIS FORM.

APPENDIX "F"