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Drug Name & Strength			Individual R	ıal Resident Narcotic Record		
			Amount Received	Date Received		
Nurse Receiving:			Received	/ /		
Name of Nurse	<u> </u>	<u> </u>	Amount	Amount	Amount	
Administering	Date	Time	On Hand	Administered	Remaining	
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Name of Nurse Administering	Date	Time	Amount On Hand	Amount Administered	Amount Remaining
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