

# Transfer Medication Sign-out Sheet

MyMichigan Health

EMS Agency:	Ambulance #:	Date:	Bag #:
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Name of Drug	Strength	Quantity Dispensed

Dispensed by (PRINT): \_\_\_\_\_ Received by (PRINT): \_\_\_\_\_

Section 2.  Medications administered en route - refer to EMS run report | Report Number: \_\_\_\_\_

Narcotics Wasted Information	
Narcotic:	Amount Wasted:
Wasted by (EMTP Printed Name):	EMTP Signature:
Narcotics Wasted Information	Witness Signature:

Section 3. List all medications returned to MyMichigan Medical Center. Medications not used during transfer must be returned to MyMichigan Medical Center within 48 hours of transfer. If no medications need to be returned, fax this form to the medical control authority at **(989) 356-8148**

Name of Drug	Strength	Quantity Dispensed

Returned by (PRINT): \_\_\_\_\_ Received by (PRINT): \_\_\_\_\_



\* E M R 0 5 0 5 0 \*