

Northeast Michigan Medical Control Authority EMS Drug Box/Drug Kit Usage Sheet

EMS Agency:	Ambulance:	Date:
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Patient Name:	Date of Birth:
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Drug Name	Total Amount Given	Total Number of Vials, Syringes, Amps or Drug Used

Drug Box/Drug Kit Security Information		
Drug Box #	Drug Kit #	Narc Pouch #
Green Tag #	Red Tag #	Narc Seal #

Drug Box/Drug Kit Security Information	
Narcotic:	Amount Wasted:
Paramedic Signature	Printed Name:
Witness Signature	Printed Name:

Hospital Patient Transported To:	Alpena <input type="checkbox"/>	Tawas <input type="checkbox"/>	Cheboygan <input type="checkbox"/>	Petoskey <input type="checkbox"/>	Gaylord <input type="checkbox"/>	Other (Name) <input type="checkbox"/>
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EMS Provider Signature	Printed:
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Physician Signature	Printed:
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This sheet must be completed and inserted into the drug box or kit prior to returning it to the MidMichigan Medical Center-Alpena pharmacy