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UT SOUTHWESTERN MEDICAL CENTER

Nephrology Clinical & Translational Research Core

HFMC Drug Dispensation Log

Drug Name: _____ Dosage: _____ Lot Number: _____

Exp. Date: ____ /____ /____ **Total Stock Amount: _____ liquid☐ Pills ☐ Caps ☐** ***(Select one)***

Date Dispensed	Time Dispensed	Patient Name	Study ID #	Route	Dose	Dispensed By	Amount Remaining
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Comments: _____

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