

**Mississippi Department of Human Services  
Division of Youth Services  
Medical Services**

**NON-PRESCRIPTION PHARMACEUTICAL CONTROL FORM**

Product Description: \_\_\_\_\_

Lot Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Package Size: \_\_\_\_\_

Health Care Personnel Completing Form: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Balance	Amount Removed from Stock	Amount Added to Stock	Balance	Comments	Nurse's Signature

Reviewed by Health Services Supervisor: \_\_\_\_\_  
Signature Date