Mississippi Department of Human Services Division of Youth Services Medical Services

PRESCRIPTION PHARMACEUTICAL CONTROL MONITORING FORM

	Medication Name	Actual # Present	Actual # Recorded	Discrepancy/Comments		
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Health Care P	ersonnel Completing Monitoring	Form:				
Date:	Time:	Ac	Accountability accurate: ☐ Yes ☐ No			
Reviewed by I	Director of Medical Services:					
,		Signature		Date		

Effective: 07/01/06
Revised: 07/01/08, 1/15/11, 12/13/13

Mississippi Department of Human Services Division of Youth Services Medical Services

NON-PRESCRIPTION PHARMACEUTICAL CONTROL MONITORING FORM

Supply	Item Name	Actual # Present	Actual # Recorded	Discrepancy/Comments
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ealth Care Pers	sonnel Completing M	Ionitoring Form:		
	Time:			bility accurate: ☐ Yes ☐ No
leviewed by Dir	ector of Medical Ser	vices:	Signature	Date
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Effective: 07/01/06 Revised: 07/01/08, 1/15/11, 12/13/13