Form 120



1

Reviewed with (name and title):

Adverse reaction?

Adverse reaction?

900 – 200 Granville St. Vancouver, BC Canada V6C 1S4 Tel: 604.742.6200 Toll-free: 1.866.880.7101 Fax: 604.661.0531 www.bccnm.ca

Quality Assurance Program: Prescribing Controlled Substances Log

Midwife's Name:					BCCNM ID: _	
Log 1: Inpatient orders						
No.	Client Initials	Date prescribed	Medication(s)	Dose	Route	Indication
1	Reviewed with (name and title):					
	Adverse reaction?					
2						
	Reviewed with (name and title):					
	Adverse reaction?					
3						
	Reviewed with (name and title):					
	Adverse reaction?					
Log 2. Outpotiont processintions						
Log 2: Outpatient prescriptions						
No.	Client Initials	Date prescribed	Medication(s)	Dose	Route	Indication

Reviewed with (name and title):

Adverse reaction?

Reviewed with (name and title):

Note: Controlled Substances Logs must be submitted to BCCNM upon completion, and/or for inspection upon request, and may be cross-referenced with PharmaNet reports.

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