## TENNESSEE MEDICATION COUNT SHEET

NAME: Sample Candidate PRESCRIPTION NUMBER: Rx#C006-004

**DOCTOR:** Dr. Tim PRESCRIPTION DATE: 06/29/yr

PHARMACY: Findlay Pharmacy MONTH: July yr

MEDICATION: Ambien 0.5mg

**DIRECTIONS:** One tablet daily at bedtime by mouth

DATE	TIME	ROUTE	AMOUNT ON HAND	AMOUNT USED	AMOUNT REMAINING	SIGNATURE
7/ /yr	9pm	Received fi	om Pharmacy -			Shelly Small / Lyan Smith