

**Mary Washington Healthcare
EMS Medication Exchange & Narcotic Dispense Form**

Patient Name: _____

Patient Address: _____

Patient Date of Birth: _____

EMS Report # _____

Date: _____ Full Agency Name: _____

Agency # _____ EMS Unit # _____

List Medications Used: Amt. Given: Amt. Wasted:

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EMS: Please check here if Online Medical Control Medication Orders were received. If checked, a physician signature is required in accordance with Virginia EMS Regulation 12VAC5-31-1140.

Physician Signature: _____

Hospital/Pharmacy Use Only

Date: _____

Used / Expired Narcotic Kit # _____

Unopened Controlled Substances Returned: (Note amount present)

_____ Etomidate _____ Fentanyl
 _____ Midazolam _____ Ketamine
 _____ Vecuronium _____ Zofran
 _____ Other (Medication/Amount Present: _____)

New Narcotic Kit # _____

I have witnessed all waste as documented above and examined the new narcotic kit to verify that all medications are present, intact, and in date as documented on the kit issued:

Signature **Signature**

EMS Provider Name / Title **RN / Pharmacy Name / Title**

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