**IMPREST MEDICINE MOVEMENT RECORD FORM**

**MINUMUM QUANTITY TO BE STOCKED** (per imprest list)**:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(when stock balance reaches this quantity, prompt for re-order)

*Each form must refer to one form and strength of medicine only*

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| **DATE** | **RESIDENT NAME OR SUPPLIER**  | **QUANTITY** | **RN/EN SIGNATURE** | **NOTES** e.g. invoice number, reason for return to pharmacy, other reason for removal  |
| ***IN*** *(received)* | ***OUT*** *(administered/ removed)* | ***STOCK BALANCE***  |
|  | *e.g. John Smith or ‘Received from pharmacy’ or ‘Return to pharmacy’*  |  |  |  |  |  |
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| **MEDICINE NAME** |  |
| **MEDICINE STRENGTH** |  |
| **MEDICINE FORM** (e.g. Amps, Caps, Tabs, mL, film, patch, etc.)  |  |