CARE Ambulance Narcotic Log

Unit:_____ License Plate #:_____ Credit Card Type:_____ Credit Card #:_____

DATE SIGN IN	40MG VALIUM	40MG M.S.	12MG VERSED	SIGN IN SIGNATURE	CERT #	DATE SIGN OUT	DESCREPENCIES & NOTES	SIGN OUT SIGNATURE	CERT #

KCEMS Narcotic Invoice #_____ **5/1/2009**