**ANNUAL CONTROLLED SUBSTANCE INVENTORY FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  | | | **Open of Business**  **Close of Business** |
| **DEA Registrant (Print Name):** | | |  | |
| **Registrant Address:** | |  | | |
| **DEA Registration #:** | |  | | **State of Illinois License #:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Inventory performed by:** |  |  |  |
| **Inventory Witnessed by:** |  |  |  |
|  | **Name** | **Signature** | **Date** |

| **DEA**  **Schedule** | **Name of Controlled Substance** | **Strength/ Concentration** | **Number of Units/Volume  per Bottle** | **Number of Bottles/Boxes** | **Remaining**  **Contents** | **Comments** |
| --- | --- | --- | --- | --- | --- | --- |
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