Texas Tech Health EL PASO

Neurotoxin Inventory Log

Department: _____

Generic Name: _____ NDC: _____ Strength: _____ LOT: _____ EXP: _____

Date	Patient Name	Patient DOB	Quantity	# Given	Balance	Initials
01/15/23	Example: RECEIVED INVENTORY	-	10	0	10	T. T.
01/16/23	Example: John Smith	03/04/1991	10	1	9	T. T.
01/17/23	Example: MEDICATION AUDIT	-	9	0	9	T. T.