

**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:

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

**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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**Signature**    **Signature**

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

