State of Alaska

Department of Corrections

Receipt of Controlled Substances

DATE: _____

TO: _____

FROM: PHARMACY

This form is to assure DOC Pharmacy that the facility named above actually received the controlled substance medication requested.

Name of C.S. Drug Received:

1. _____ Quantity: _____

2. _____ Quantity: _____

3. _____ Quantity: _____

4. _____ Quantity: _____

5. _____ Quantity: _____

Signature: _____

After completing this form please fax it to (907) 269-7335.

THANK YOU