

For use of this form, see AR 40-3; the proponent agency is OTSG.

This form is to be used in
conjunction with DA Form 3949-1

DATE INITIATED (YYYYMMDD)

ITEM (Generic Nomenclature: may add trade name for additional clarity)

FORM INITIATED (Sign and Print Name)

BALANCE FORWARDED
(From the previous sheet)

HOUR

PATIENT NAME
(Last Name, First Name)

ORDERED BY
(Dr.'s Last Name)

ADMINISTERED BY
(Sign on top line; Print
name on bottom line)

WITNESS TO ANY WASTE
(Sign on top line; Print name on bottom line)

ACTUAL DOSE ADMINISTERED TO PATIENT

**AMOUNT OF
MEDICATION
WASTED**

EXPENDITURES
(Accountable units
used)

RECEIPTS
(Amount from
pharmacy)

BALANCE
(Accountable Units Remaining)