San Bernardino County
Requisition for Stock Medication

DBH Clinic: _____ Date: _____

Clinic Cost Center: _____

Medication Description	Quantity	Unit Measure	Unit Cost	Total Cost

Physician's Signature: _____

DEA Number: _____ License Number: _____

Approving Clinic Medical Director or Designee _____ Date: _____

Medical Directors Approval: _____ Date: _____

Medication Received By: _____ Date Received: _____