# Sample Perpetual Inventory Record

Drug Name & Strength _____ Dosage Form _____ Starting Date _____

| Purchases | | | | Prescriptions | | | | Starting Inventory OR Balance Forward | | Pharmacist's Signature |
|---|---|---|---|---|---|---|---|---|---|---|
| Invoice # | Date Received | Quantity Received | | Rx Number | Date Filled | Quantity Dispensed | | | | |
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