

St. Clair County Community Mental Health  
**Buprenorphine Random Count Sheet**

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Individual: \_\_\_\_\_

Case #: \_\_\_\_\_

<b>Date &amp; Time Contacted:</b>	
<b>Date &amp; Time Arrived:</b>	

<b>Medication Name &amp; Dose:</b>	
<b>Dispensed Lot #:</b>	
<b>Actual Lot #:</b>	

<b>Expected Medication Count:</b>	
<b>Actual Medication Count:</b>	
<b>Discrepancy:</b> <i>(Expected Count - Actual Count)</i>	
<b>Comments:</b> <i>(if applicable)</i>	

\_\_\_\_\_  
Staff Signature/Credentials

\_\_\_\_\_  
Date