

## Combat Methamphetamine Epidemic Act of 2005 Log Book

CUSTOMER	Print Name (First & Last)	Street Address	City	State	Zip	Date	Time	Signature
PHARMACY	Drug Name	Strength – mg (A)	Quantity (B)	Total (AxB)		ID Checked?	Quantity Within Limit? <3600mg/day or <9000mg/30days	
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