

[Date]

[Patient Full Name]

[Patient Date of Birth]

[Patient Address]

Subject: Notification of Controlled Substance Administration

To Whom It May Concern,

This letter serves as formal documentation regarding the administration of a controlled substance to the patient named above.

Medication Details:

- **Medication Name:** [Drug Name and Strength]
- **Dosage Administered:** [Amount]
- **Route of Administration:** [e.g., Oral, Intravenous, Intramuscular]
- **Date and Time of Administration:** [Date] at [Time]
- **Indication:** [Reason for administration/Diagnosis]

Provider Information:

The medication was administered under the supervision of:

[Physician/Provider Name]

[DEA Registration Number]

[Facility/Clinic Name]

Instructions/Precautions:

[Insert specific post-administration instructions, such as "Do not drive or operate heavy machinery for X hours" or "Monitor for respiratory depression".]

Please include this document in the patient's permanent medical record. If you have any questions, please contact our office at [Phone Number].

Sincerely,

[Signature]

[Printed Name and Title]

[License Number]