

Date:	Time:	Epcr#		Old Seal#		New Seal#	
Medic IN:	Int:	OEMS#	Fentanyl		Versed		Ketamine
Medic OUT:	Int:	OEMS#					
Witness:	Int:	Cert#					
Note:			<input type="checkbox"/> Usage <input type="checkbox"/> Accidental <input type="checkbox"/> Audit <input type="checkbox"/> Restock				
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