



ALBUQUERQUE FIRE DEPARTMENT

11510 Sunset Gardens SW
Albuquerque, New Mexico 87121

Proof of Use Form

Patient Name:		Date: / /	
Drug Name:		Total Administered:	mgs
Incident Number:		Total Wasted:	mgs
AFD Signature:			
AFD Witness:			
MCEP Name:			
MCEP Signature:			
MCEP, DO NOT complete a separate prescription for this patient!!			