

OLIVE VIEW – UCLA MEDICAL CENTER
14445 OLIVE VIEW DRIVE, SYLMAR, CA 91342

CONTROLLED SUBSTANCE DISCREPANCY REPORTING FORM

1. DATE OF DISCREPANCY NOTIFICATION: _____
2. LOCATION: _____
4. DATE & TIME OF DISCREPANCY: _____
5. PATIENT NAME & FIN: _____
6. MEDICATION (NAME/STRENGTH/FORM): _____
7. ORDER INVOLVED: _____
8. QUANTITY: _____
9. USER(S) INVOLVED: _____
10. DISCREPANCY TYPE: _____
11. DESCRIPTION OF CIRCUMSTANCE:

12. RESOLUTION:

13. REPORTED BY:

NAME (PRINT): _____ DATE: _____

14. USER INVOLVED:

NAME (PRINT): _____ SIGNATURE: _____ DATE: _____

15. WITNESS (IF APPLICABLE):

NAME (PRINT): _____ SIGNATURE: _____ DATE: _____

16. AREA SUPERVISOR:

NAME (PRINT): _____ SIGNATURE: _____ DATE: _____

- Email completed forms to OVMControlledSubstances@dhs.lacounty.gov.
- If completed form is not submitted to pharmacy within 48 hours from date of notification, user(s) involved will have Pyxis access suspended until resolution obtained
- During nights, weekends, and holidays, ANO may grant temporary access for users with suspended access