*SANILAC CMH*

*MEDICATION DISBURSEMENT*

 **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** | **Staff****Initials** | **Amount Disbursed** | **Acknowledgement Signature** |
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