



Louisiana State University  
Health Sciences Center - Shreveport  
Pharmacy  
**Automated Dispensing System  
Problem Report**

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This form must be completed when any problem is encountered while using an automated dispensing machine. If the problem has been reported through the use of the "Discrepancy Button" it is not necessary to complete this form.

Fill out completely so that appropriate adjustments can be made to the patient bill and controlled substance records.

Date of Event: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Medical Record #: \_\_\_\_\_

Medication: \_\_\_\_\_

Detailed description of problem:

Once complete, place in tray for completed forms located in the vicinity of the dispensing machines so that it may be retrieved by Pharmacy personnel.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness is required for documentation of controlled substance waste.

Witness Co-signature: \_\_\_\_\_ Date: \_\_\_\_\_