MAT Binder Check Sheet

*MAT Staff and nurses check MAT paperwork and medications at the center monthly.*

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| OTC Form/ Expiration Date | OTC Medication/ Expiration Date | Medication Consent Form/Expiration Date | Medication/Expiration Date | EpiPen Expiration Date | Print Name | Signature | Date |
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Please check off each item to indicate that you have reviewed all paperwork, consents, medications, and expiration dates.

This also indicates that you have followed up on any necessary items.