

A3.25 Pill Count**MIRTAZAPINE (Active or Placebo) Box Number** _____

Bottle ID	Date Dispensed	Amount Dispensed	Date Returned	Amount Returned
1	_ _ _ / _ _ _ / _ _ _ _ _ day month year		_ _ _ / _ _ _ / _ _ _ _ _ day month year	
2	_ _ _ / _ _ _ / _ _ _ _ _ day month year		_ _ _ / _ _ _ / _ _ _ _ _ day month year	
3	_ _ _ / _ _ _ / _ _ _ _ _ day month year		_ _ _ / _ _ _ / _ _ _ _ _ day month year	

SERTRALINE (Active or Placebo) Box Number _____

Bottle ID	Date Dispensed	Amount Dispensed	Date Returned	Amount Returned
1	_ _ _ / _ _ _ / _ _ _ _ _ day month year		_ _ _ / _ _ _ / _ _ _ _ _ day month year	
2	_ _ _ / _ _ _ / _ _ _ _ _ day month year		_ _ _ / _ _ _ / _ _ _ _ _ day month year	
3	_ _ _ / _ _ _ / _ _ _ _ _ day month year		_ _ _ / _ _ _ / _ _ _ _ _ day month year	