

CONTROLLED MEDICATIONS DISPOSED

NON-CONTROLLED MEDICATIONS DISPOSED



MEDICATION DISPOSAL LOG

CONSUMER	MEDICATION NAME & STRENGTH	RX#	AMOUNT DISPOSED	METHOD OF DISPOSAL	REASON FOR DISPOSAL	DISPOSED OF BY (SIGNATURE)	WITNESSED BY (SIGNATURE)	DATE DISPOSED

***COMPLETE ONE FORM FOR CONTROLLED MEDICATION DISPOSAL AND ONE FORM FOR NON-CONTROLLED MEDICATION DISPOSAL**