



MEDICATION DESTRUCTION / DISPOSITION FORM

Facility: _____ Date: _____

Resident Name: _____

Reason for Destruction/Disposition:

- | | | |
|----------------------------|---------------------------|------------------------|
| 1) Medication Discontinued | 2) Medication Expired | 3) Resident Discharged |
| 4) Resident Deceased | 5) Other (please specify) | |

Method of Destruction/Disposition:

- | | | | |
|---------------------|------------------------|--------------------------------|---------------------------|
| 1) Rendered Useless | 2) Biohazard Container | 3) Resident Discharged w/ Meds | 4) Other (please specify) |
|---------------------|------------------------|--------------------------------|---------------------------|

RX NUMBER	DISPENSE DATE	MEDICATION / STRENGTH	QTY	REASON	METHOD

Witnessed By: _____
Name / Title _____ Date _____

Witnessed By: _____
Name / Title _____ Date _____