Center | Date

Customer/Resident Name:

MEDICATION DISPOSITION SHEET

Instructions: Use this form to record the disposition, destruction and/or return of medications to the pharmacy. An entry is required for each medication along with reason for disposition (see key below), and signature of person completing form and witness(es) (refer to facility policy). Keep the completed and signed form with the medications for return to the pharmacy (store in secure area until picked up). Once the pharmacy representative has signed this form and picked up the returned medications, retain the pink copy for center records and store **per facility policy**.

Rx #	Original Dispensing Date	Medication	Strength	Dosage Form	Qty Disposed	Reason *(see key)*	PHARMACY USE ONLY: Qty Rec'd	CREDIT ISSUED: No *(see key)*	Yes / $	Tech Initials

SAMPLE

DISPOSITION REASON KEY:

A - Deceased (Return to Rx)
B - Med Discontinued (Return to Rx)
C - Discharged (Return to Rx)
D - Destroyed – (If destroyed indicate date below: _____/_____/_____)
E - Overstock (Return to Rx)
F - Released to Customer
G - Temporary Discharge
H - In Hospital
I - Other _____

Form Completed By: **Title:**

Witnessed By: **Title:**

Witnessed By: **Title:**

CREDIT DENIAL KEY:

1 - Controlled Substance
2 - Altered Dosage (i.e., halftab or open container)
3 - Products requiring refrigeration
4 - ANY product over 60 days from dispensing date
5 - Vials
6 - Third Party
7 - Defaced Packaging
8 - Below Minimum
9 - Insufficient Shelf Life
10 - Manager's Option
11 - Per Diem Contract
12 - OTHER _____

Pick-Up: *(Pharmacy Representative)* | Date: | Facility Acknowledgement: | Title:

WHITE - Pharmacy YELLOW - Pharmacy Follow Up PINK - Center

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