MEDICATION RETURN

DMH-PSC-015

All controlled substances must be listed on a separate Medication Return form.

Shaded Areas for Central Pharmacy Use Only		
Clinic No.	Processed By	Date Received at CP
All controlled drugs were returned.		
R.Ph.Signature		Date

Clinic Name	Clinic Address	Clinic Terminal Distributor License No.
Nurse Signature		Date

Patient Name	Patient No.	Prescription No.	Label Date	Medication			
				Qty.	Item	Strength	Dosage Form (tablet/ capsule)

Medications not eligible for credit destroyed.

Method of destruction: ☐ Garbage Disposal ☐ Incineration ☐ Other (specify) _____

Date	Pharmacist Signature	Witness Signature

Original - Send with Medication, Copy - Keep at Clinic