

# MEDICATION RETURN

DMH-PSC-015

Control Medications     Non-Control Medications

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 Terminal Distributor License No.	
Clinic Address		
Nurse Signature	Date	

**INSTRUCTIONS:** Please place sticker from patient's prescription bottle on the boxes below.

1.	2.	3.	4.
5.	6.	7.	8.
9.	10.	11.	12.
13.	14.	15.	16.
17.	18.	19.	20.
21.	22.	23.	24.
25.	26.	27.	28.
29.	30.	31.	32.
33.	34.	35.	36.

Medications not eligible for credit destroyed.		
Method of destruction: <input type="checkbox"/> Garbage Disposal <input type="checkbox"/> Incineration <input type="checkbox"/> Other (specify) _____		
Date	Pharmacist Signature	Witness Signature

**Confidential Information:** Pursuant to State law, the information that is being transmitted is confidential and it must not be reviewed by unauthorized parties. It must be immediately given to the person listed as the recipient. If this information has been transmitted to you in error, please immediately notify the sender.