

# Medication Return / Disposal Form

This form must be completed whenever staff return unused or expired medications to a pharmacy, or turn-in such medications to a community medication “take-back” program. After delivering the medications to the receiver, staff must have authorized personnel from the pharmacy or take-back program sign below. Then submit this form to your program nurse.

Facility Information

Facility Name:	
Unit / Floor:	
Date:	

Medication Details

Medication Name	Strength	Quantity	Prescription / RX#	Reason for Return

Certification & Signatures

I have delivered/surrendered the above unused medications to the Receiver.

Staff Signature:	Print Name / Title:	Date:
------------------	---------------------	-------

On behalf of the above Pharmacy or Take-Back Program, I have received the above medications.

Signature of Receiver:	Print Name:	Date:
------------------------	-------------	-------