Center	Date	

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 <u>each</u> 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**.

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Rx# Dis	Original pensing Date	Medication	Strength	Dosage Form	Qty Disposed	Reason (see key)	Qty Rec'd	CRE No (see key)	DIT ISSUE Yes /		
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ISPOSITION REASON KE - Deceased (Return to Rx)	E - Overstock (Return to Rx)	Form Completed By: Title:				CREDIT DENIAL KEY: 1 - Controlled Substance 7 - Defaced Page				7 - Defaced Packagin	
 Med Discontinued (Return to F Discharged (Return to Rx) 		Witnessed By: Title:			2 - Altered Dosage (i.e., halftab or open container) 3 - Products requiring refrigeration 9 - Insufficient			Below Minimum Insufficient Shelf L			
Destroyed – (If destroyed indicate date below:	H - In Hospital	Witnessed By:	Title:			4 - ANY product over 60 days from dispensing date 5 - Vials 6 - Third Party				10 - Manager's Option 11 - Per Diem Contract 12 - OTHER	