DRUG DESTRUCTION RECORD

Consumer Name_____

Case Number_____ **State ID Number**_____

Date _____

Medication/Strength/ Rx Number _____

Number of tabs/doses of medication disposed of _____

Signature _____ **Signature** _____

Date _____

Medication/Strength/ Rx Number _____

Number of tabs/doses of medication disposed of _____

Signature _____ **Signature** _____

Date _____

Medication/Strength/ Rx Number _____

Number of tabs/doses of medication disposed of _____

Signature _____ **Signature** _____

Date _____

Medication/Strength/ Rx Number _____

Number of tabs/doses of medication disposed of _____

Signature _____ **Signature** _____

Date _____

Medication/Strength/ Rx Number _____

Number of tabs/doses of medication disposed of _____

Signature _____ **Signature** _____

SAMPLE

May 2008