EXAMPLE 37

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RECEIPT AND DISPOSAL OF PATIENT'S PERSONAL MEDICATIONS

PATIENT   PATIENT **NUMBER**   LOC.'ATION

ADDRESS--

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PHYSICIAN =

PRESRIPTION NUMBER	MEDICATION NAME	DA TE RECEIVED FROM PATIENT	RECEIVED BY (Signature)	DATE OF DISPOSAL	DISPOSAL METHOD	RETURNED OR DESTROYED BY (Signature)	NOTES
					c		

Patient's personal medications shall be stored securely ant! the appropriate intomlalion recordet! above Met!icatiolJs sllall he retumet! to the palicnt, patielJl'S "Imil)', or olh"r alll1lorizcJ JJCrSOl1 upon t!ischarg" unless othelWise directed hy a physician Mct!ications tJJat are 110l r"tumet! shall b" r,,!aill"t! t(Jr J() t!;I)'S at("r t!ischarg" M"t!icatioIJS 011 h;Jllt! J() t!;I)', al("r Ji,ch;lr[!" s1I,,// b"
destroyet!

Disposal Methot!: I = Returned to Patient

2 = Retumet! to Family   3 = Retumet! to Oth~r Authorizct! P~rsolJ

.j = Not R~lumct! (Ph)'siciall's [)ir"cli\',,)

Dal" J{,,(um~J   5 = Nol!{"(LJm"J   (j = [)",,(ruJ"t!

I acknowledge receipt of the above met!ications (with t:xccplions 11Ott:t!)

Signalur" of !'"r,;on to \1,'hom Medications Were R"tum"d

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