

Center

Date

Customer/Resident Name:

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 each 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.



(Rev. 03/09)

Form # MP5214

Reorder From: MED-PASS 800-438-8884

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XFM 061497R

PHARMACY USE ONLY

Rx #	Original Dispensing Date	Medication	Strength	Dosage Form	Qty Disposed	Reason (see key)	Qty Rec'd	CREDIT ISSUED		Tech Initials
								No (see key)	Yes / \$	

DISPOSITION REASON KEY:

- A - Deceased (Return to Rx)
- E - Overstock (Return to Rx)
- B - Med Discontinued (Return to Rx)
- F - Released to Customer
- C - Discharged (Return to Rx)
- G - Temporary Discharge
- D - Destroyed - (If destroyed indicate date below: ___/___/___)
- H - In Hospital
- I - Other _____

Form Completed By: _____	Title: _____
Witnessed By: _____	Title: _____
Witnessed By: _____	Title: _____

CREDIT DENIAL KEY:

- 1 - Controlled Substance
- 2 - Altered Dosage (i.e., halftab or open container)
- 3 - Products requiring refrigeration
- 4 - ANY product over 60 days from dispensing date
- 5 - Vials
- 6 - Third Party
- 7 - Defaced Packaging
- 8 - Below Minimum
- 9 - Insufficient Shelf Life
- 10 - Manager's Option
- 11 - Per Diem Contract
- 12 - OTHER _____

Pick-Up: (Pharmacy Representative)

Date: _____

Facility Acknowledgement: _____

Title: _____

WHITE - Pharmacy

YELLOW - Pharmacy Follow Up

PINK - Center