

Medication Return Form Assisted Living and IDD Homes



Phone: 320-230-1050 Fax: 855-502-1051

Medication orders that are discontinued must be submitted to the pharmacy. For residents that are discharged, please complete and submit pharmacy discharge form.

No returns on controlled substances, hazardous medications, refrigerated medications, bottled medications, TCG packaging, special ordered medications, or packaging that has been altered.

Patient Name: _____ Date Form Completed: _____

Medication Name / RX #: _____ Form Completed By: _____

| Assisted Living and IDD Homes | |
|--|--|
| <input type="checkbox"/> Full, unused card(s) within 3 days of delivery (Per insurance regulations, all cards dispensed as part of a prescription are required to be returned in full. For example, if three cards are sent, all three must be returned.) | |
| Reason: | <input type="checkbox"/> Medication Discontinued |
| | <input type="checkbox"/> Resident Discharged |
| | <input type="checkbox"/> Other |
| Medication Repackage | |
| Medications requiring repackaging – you must call the pharmacy to request and arrange for pickup. A pink slip will be sent with the driver. DO NOT send medication back until driver arrives with pink slip. | |

Medication Return Form Assisted Living and IDD Homes



Phone: 320-230-1050 Fax: 855-502-1051

Medication orders that are discontinued must be submitted to the pharmacy. For residents that are discharged, please complete and submit pharmacy discharge form.

No returns on controlled substances, hazardous medications, refrigerated medications, bottled medications, TCG packaging, special ordered medications, or packaging that has been altered.

Patient Name: _____ Date Form Completed: _____

Medication Name / RX #: _____ Form Completed By: _____

| Assisted Living and IDD Homes | |
|--|--|
| <input type="checkbox"/> Full, unused card(s) within 3 days of delivery (Per insurance regulations, all cards dispensed as part of a prescription are required to be returned in full. For example, if three cards are sent, all three must be returned.) | |
| Reason: | <input type="checkbox"/> Medication Discontinued |
| | <input type="checkbox"/> Resident Discharged |
| | <input type="checkbox"/> Other |
| Medication Repackage | |
| Medications requiring repackaging – you must call the pharmacy to request and arrange for pickup. A pink slip will be sent with the driver. DO NOT send medication back until driver arrives with pink slip. | |