

Medication Return Form Skilled Nursing Facility

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 either the pharmacy discharge form or split bill form for Med A.

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: _____

Skilled Nursing Facility	
<input type="checkbox"/> Full, unused card(s) within 30 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
<input type="checkbox"/> Medicare A – all full and partial cards, within 30 days of delivery	
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.	

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