



Medication Return Form

****** No Returns for Disposal ******

No returns on narcotics, hazardous medications, nor refrigerated medications.

Patient Name _____ **Date** _____

Medication Name/Rx # _____

Form Completed By: _____

Please select an option (ALL customers):

1. Full, unused card within 3 days of delivery. Reason _____

2. Repackage- Must CALL pharmacy for this request. A slip will be sent with driver.

Additional for Nursing Home ONLY

3. Full, unused card within 30 days of delivery. Reason _____

4. Med A- all full and partial cards.