Record of In-Home Medication Disposal

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| --- | --- | --- | --- |
| **The following amount(s) of medication (Prescription, OTC, and/or Herbal) are being disposed of at the patient’s request in their residence with this form:** | | | |
| **Medication Disposed** | **Dispensing Pharmacy** | **RX Number or Lot Number** | **Quantity** |
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Method of disposal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (example: mixed with used coffee grounds or liquid soap and water)

Disposed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SafeMed Outreach Worker

Witnessed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, SafeMed Outreach Worker

The signature below represents the authorization of medication disposal by SafeMed Program associates in my residence.

SafeMed Patient or Caregiver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_