

# DRUG DESTRUCTION RECORD

Client Name and ID Number \_\_\_\_\_

Date \_\_\_\_\_

Medication/Strength/ Rx Number \_\_\_\_\_

Number of tabs/doses of medication disposed of \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Medication/Strength/ Rx Number \_\_\_\_\_

Number of tabs/doses of medication disposed of \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Medication/Strength/ Rx Number \_\_\_\_\_

Number of tabs/doses of medication disposed of \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

Medication/Strength/ Rx Number \_\_\_\_\_

Number of tabs/doses of medication disposed of \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_