

MEDICATION DESTRUCTION RECORD

Date	Name of Drug (Rx #)	Dose of Drug	Form (pills, caps, gtts, etc.)	# Discarded	Reason Code	Person's Name	Signature #1/Credentials	Signature #2/Credentials

- REASON CODES:**
- 1. Med discontinued by prescriber
 - 2. Person experienced adverse reaction
 - 3. Person expired
 - 4. Person discharged
 - 5. Other – **MUST EXPLAIN ON BACK**

DESTRUCTION RECORDS MUST BE MAINTAINED AT LEAST TWO YEARS (2)

