

**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)**

**EXPLANATIONS/COMMENTS**  
***All Notations Must Be Dated and Signed by MAS Nurse***

[illegible]