MEDICATION DISPOSAL LOG
CHOICES IN COMMUNITY LIVING

☐**CONTROLLED MEDS** ☐**NON CONTROLLED MEDICATIONS**

CONTROLLED MEDICATIONS REQUIRE 2 SIGNATURES

CONSUMER NAME	MED NAME AND STRENGTH	RX #	AMOUNT DISPOSED	DISPOSAL METHOD	DISPOSAL REASON	DISPOSED BY (SIGNATURE)	WITNESSED BY (SIGNATURE)	DATE DISPOSED

****COMPLETE ONE FORM FOR CONTROLLED MEDICATION DISPOSAL AND ONE FORM FOR NON CONTROLLED MEDICATION DISPOSAL. CONTROLLED MEDICATIONS ARE LABLED BY THE PHARMACY WITH A RED "C".**