agency for persons with disabilities
State of Florida

Medication Destruction Record

Date	Name of Medication and Dosage	Number or Quantity Destroyed	Recipient Name on Prescription Label	Method of Destruction (*Flushed, Trash)*	Medication Discontinued by Prescriber (Yes or No)	Medication Out of Date (Yes or No)	Initial # 1	Initial # 2

Signature	Initials	Signature	Initials

APD Form 65G7-06, adopted 3/10/08 by Rule 65G-7.007(1)(b), F.A.C.